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Image# 201606089017489774

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X FO	or Other Than An	Authorized Com	mittee		Office Use Only
1. NAME OF TOOMMITTEE (in full)	TYPE OR PRINT ▼	Example: In over the line	f typing, type es.	12FE4M5	
National Nurses United	for Patient Prot	ection			
ADDRESS (number and street)	8630 Fenton Street, S	Suite 1100			
Check if different than previously reported. (ACC)	Silver Spring			MD	20910
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		STATE 🛦	ZIP CODE ▲
C C00490375		3. IS THIS REPORT	NEW (N) OR	× AME (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X 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)	(c) 12-Day PRE-Electic Report for (d) 30-Day POST-Elect Report for (d) Report for (d)	Election on Genera	ition (12C)	Sep 2	in the State of
5. Covering Period 01	01 2	2016 throu		31/	2016
I certify that I have examined this Type or Print Name of Treasurer	Report and to the beautiful Martha Kuhl	est of my knowledge	and belief it is tru	ue, correct and	complete.
Signature of Treasurer Martho	a Kuhl	-		Date 06	/ 08 / Y Y Y Y Y Y Y 2016
NOTE: Submission of false, erroned Office	ous, or incomplete infor	rmation may subject the	e person signing t	his Report to the	FEC FORM 3X
Use Only					Rev. 12/2004

	RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name		
National Nurses United for Patient Pro	otection	
Report Covering the Period: From: 01	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y 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, 2016	[1134044.75
(b) Cash on Hand at Beginning of Reporting Period	1134044.75	
(c) Total Receipts (from Line 19)	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)	3140455.59	3140455.59
7. Total Disbursements (from Line 31)	2299093.64	2299093.64
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	841361.95	841361.95
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	239686.55	
This committee has qualified as a multicandid	date committee. (see FEC FORM 1M)	
F	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)

Write or Type Committee Name

National Nurses United for Patient Protection

	I. Receipts	ots COLUMN A Total This Period	
1.	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		0.00
	Lines 11(a)(i) and (ii)▶	0.00	0.00
		0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	2006410.84	2006410.84
	(such as PACs)	2000410.04	2000410.04
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	2006410.84	2006410.84
	Totals to Line 33, page 5)	2000410.04	2000410.04
	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
	All Loons Dessined	0.00	0.00
	All Loans Received	0.00	3.00
			0.00
	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made		
	to Federal Candidates and Other		
	Political Committees	0.00	0.00
	Other Federal Receipts		
	(Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	0.00
	(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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period	
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	o) Other Federal Operating		
(-	Expenditures	317135.30	317135.30
(C	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	317135.30	317135.30
22. T	ransfers to Affiliated/Other Party	0.00	0.00
	ommitteesontributions to	0.00	0.00
F a	ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	ndependent Expenditures	1079147 92	1070147.00
25. C	use Schedule E)oordinated Party Expenditures	1978147.82	1978147.82
(2 (L	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
nc 1	oon Donovinonto Mode	0.00	0.00
(6. L	oan Repayments Made	0.00	0.00
27. Lo	oans Madeefunds of Contributions To:	0.00	0.00
	A) Individuals/Persons Other Than Political Committees	0.00	0.00
	man Fontical Committees	3.50	
(b	·	0.00	0.00
(c	c) Other Political Committees (such as PACs)	0.00	0.00
,	N. Talak Carak In Stan B. Carak	, , , , , , , , , , , , , , , , , , ,	
(0	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
			2010.50
29. O	other Disbursements	3810.52	3810.52
	ederal Election Activity (2 U.S.C. §431(20))		
(a	a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(")	0.00	0.00
(h	(ii) "Levin" Share b) Federal Election Activity Paid Entirely	0.00	0.00
,~	With Federal Funds	0.00	0.00
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	2299093.64	2299093.64
	otal Federal Disbursements		
(s	subtract Line 21(a)(ii) and Line 30(a)(ii) om 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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2006410.84	2006410.84
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2006410.84	2006410.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	317135.30	317135.30
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	317135.30	317135.30

S П

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 152 (check only one) 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) National Nurses United for Patie	nt Protection	
Full Name (Last, First, Middle Initial) A. National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MD 20910 C Occupation	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2006410.84	
Full Name (Last, First, Middle Initial) B. National Nurses United Mailing Address 8630 Fenton Street Suite 1100		Date of Receipt 03 04 2016
City Silver Spring FEC ID number of contributing federal political committee.	State Zip Code MD 20910	O3 04 2016 Transaction ID : C9958328 Amount of Each Receipt this Period 263261.76
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2006410.84	Memo Item
Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City	State Zip Code	Date of Receipt 03 14 2016
Silver Spring FEC ID number of contributing federal political committee.	MD 20910	Amount of Each Receipt this Period 1500000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2006410.84	Memo Item
SUBTOTAL of Receipts This Page (optional)		2006410.84

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

2006410.84

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check only 21b)	22 23 24 25 26
Any information copied from such Reports and Statem	27	28a 28b 28c 29 30b
or for commercial purposes, other than using the nam	e and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection	
Full Name (Last, First, Middle Initial) A. Alliance Graphics		Date of Disbursement
Mailing Address 1101 8th Street		03 03 2016
,	tate Zip Code CA 94710	Transaction ID : D711015
Purpose of Disbursement Printing Candidate Name		Amount of Each Disbursement this Period
Office Sought: House Disburser	Category/ Type ent For: Primary General	1952.49 Memo Item
President State: District:	Other (specify) ▼	
Full Name (Last, First, Middle Initial) Bus Bank		Date of Disbursement
Mailing Address 820 West Jackson Suite 815		03 09 2016
City S Chicago Purpose of Disbursement	tate Zip Code IL 60607	Transaction ID : D710716
Bus tour expense Candidate Name	Category/	Amount of Each Disbursement this Period 53320.00
	ent For: Primary General Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) 5. Bus Bank		Date of Disbursement
Mailing Address 820 West Jackson Suite 815		01 13 2016
`		
Chicago	tate Zip Code IL 60607	Transaction ID : D711011
,	IL 60607	Transaction ID : D711011 Amount of Each Disbursement this Period
Chicago Purpose of Disbursement Bus tour expense Candidate Name	IL 60607 Category/ Type	Amount of Each Disbursement this Period 577.00
Chicago Purpose of Disbursement Bus tour expense Candidate Name Office Sought: House Disbursem Senate	IL 60607 Category/ Type	Amount of Each Disbursement this Period
Chicago Purpose of Disbursement Bus tour expense Candidate Name Office Sought: House Disbursem Senate President	Category/ Type ent For: Primary General Other (specify)	Amount of Each Disbursement this Period 577.00

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only X 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Nurses United for Patient F	e and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Bus Bank Mailing Address 820 West Jackson			Date of Disbursement O1 14 2016
Chicago Purpose of Disbursement	tate Zip Code IL 60607		Transaction ID : D711012
Bus tour expense Candidate Name Office Sought: House Disbursem Senate	ent For:	Category/ Type	Amount of Each Disbursement this Period 451.28 Memo Item
President State: District: Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼		Date of Dichurance
B. California Nurses Association Mailing Address 155 Grand Avenue City S	tate Zip Code		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oakland Purpose of Disbursement Admin Candidate Name	CA 94612	Category/ Type	Transaction ID: D711002 Amount of Each Disbursement this Period 398.11
State: President C	ent For: Primary General Other (specify) ▼		Memo Item
C. California Nurses Association Mailing Address 155 Grand Avenue			Date of Disbursement O2 16 2016
City S	tate Zip Code CA 94612		Transaction ID : D711003
Payroll Expense Candidate Name		Category/ Type	Amount of Each Disbursement this Period 873.80
	ent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			1723.19

SCHEDULE B (FEC Form 3X)	Use separate schedule	(a) I -	FOR LINE NUMBER: PAGE 9 OF 152		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e Collect only	one) 22 23 28a 28b	24 25 26 28c 29 36	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) National Nurses United for Patien	•	micai committee to	, SOUCH CONTINUUUMS III	om suom committee.	
Full Name (Last, First, Middle Initial)			_		
A. California Nurses Association			Date of Disburseme		
Mailing Address 155 Grand Avenue			02 16	2016	
City	State Zip Code		Transaction ID : D	0711004	
Oakland Purpose of Disbursement	CA 94612				
Payroll Expense			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		1886.85	
Office Courbby House		Type		1000.00	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	I	Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. California Nurses Association			Date of Disburseme		
Mailing Address 155 Grand Avenue			03 / 01	2016	
City Oakland	State Zip Code CA 94612		Transaction ID : [D711005	
Purpose of Disbursement Travel			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		66530.53	
Office Sought: Senate President State: Disburs	ement For: Primary General Other (specify) ▼	ı	Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant	
C. California Nurses Association			M M / D D	/ Y Y Y Y Y	
Mailing Address 155 Grand Avenue			03 09	2016	
City Oakland	State Zip Code CA 94612		Transaction ID : [D711006	
Purpose of Disbursement Site Rental			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		1380.00	
Office Sought: House Senate President State: Disburs	ement For: Primary General Other (specify)		Memo Item		
SUBTOTAL of Disbursements This Page (optional))	<u></u>		69797.38	
TOTAL This Period (last page this line number on	ly)				

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 152 (check only one) X 21b
Any information copied from such Reports and Statem	ents may not be sold or used	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Nurses United for Patient I	•	Committee to Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) California Nurses Association		Date of Disbursement
Mailing Address 155 Grand Avenue		03 14 2016
Oakland	tate Zip Code CA 94612	Transaction ID : D711007
Purpose of Disbursement Payroll Expense Candidate Name		Amount of Each Disbursement this Period Category/ 10399.25
	ent For: Primary General Other (specify)	Type Memo Item
Full Name (Last, First, Middle Initial) 3. California Nurses Association		Date of Disbursement
Mailing Address 155 Grand Avenue		03 14 2016
,	tate Zip Code CA 94612	Transaction ID : D711008
Candidate Name		Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period
	ent For: Primary	Memo Item
Full Name (Last, First, Middle Initial) California Nurses Association		Date of Disbursement
Mailing Address 155 Grand Avenue		03 23 2016
Oakland	tate Zip Code CA 94612	Transaction ID : D711009
Purpose of Disbursement Overhead Candidate Name		Amount of Each Disbursement this Period Category/ Type 14339.25
	ent For: Primary General Other (specify)	Memo Item
State: District:	₹	
State: District: SUBTOTAL of Disbursements This Page (optional)		26108.50

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only X 21b	
Any information copied from such Reports and Statem		l by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Nurses United for Patient F	•	committee to	Solicit contributions from such committee.
Full Name (Last, First, Middle Initial) California Nurses Association Mailing Address 155 Grand Avenue			Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
	tate Zip Code		2010
Oakland	CA 94612		Transaction ID : D711010
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type	Amount of Each Disbursement this Period 22435.84
	ent For: Primary General Other (specify)	туре	Memo Item
Full Name (Last, First, Middle Initial) 3. California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 11 2016
,	tate Zip Code CA 94612		Transaction ID : D711020 Amount of Each Disbursement this Period
Candidate Name		Category/ Type	25.00
	ent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 03 2016
Oakland	tate Zip Code CA 94612		Transaction ID : D711021
Purpose of Disbursement Payroll Expense Candidate Name	[Category/ Type	Amount of Each Disbursement this Period 436.90
	ent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			22897.74
TOTAL This Period (last page this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedu	10(3) (chack ank	NUMBER: PAGE 12 OF 152
	for each category of Detailed Summary Pa	the Concor only	7 one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) National Nurses United for Patient	•		Territoria de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composición d
Full Name (Last, First, Middle Initial)			
- California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 / 03 / 2016
Oakland	State Zip Code CA 94612		Transaction ID : D711023
Purpose of Disbursement Payroll Expense			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	943.43
Office Sought: House Disburser Senate President	nent For: Primary General Gen		Memo Item
State: District:			
Full Name (Last, First, Middle Initial) - California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			02 29 2016
Oakland	State Zip Code CA 94612		Transaction ID : D712349
Purpose of Disbursement Printing			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	193.20
Office Sought: House Senate President State: Disburser	ment For: Primary Gener Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) - California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 07 2016
Oakland	State Zip Code CA 94612		Transaction ID : D712351
Purpose of Disbursement Payroll		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	436.90
Office Sought: House Disburser Senate	ment For: Primary General Gen		Memo Item
State: District:			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b		
		27	28a 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or used e and address of any political	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Protection			
Full Name (Last, First, Middle Initial) - California Nurses Association			Date of Disbursement	
Mailing Address 155 Grand Avenue			03 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	tate Zip Code		Transaction ID : D712352	
Purpose of Disbursement Payroll	CA 94612		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	943.42	
	ent For: Primary General Other (specify)	Nr.	Memo Item	
Full Name (Last, First, Middle Initial)			_	
3. California Nurses Association			Date of Disbursement	
Mailing Address 155 Grand Avenue			03 15 2016	
,	tate Zip Code CA 94612		Transaction ID : D712353	
Purpose of Disbursement Bernie Staff In-Kind	Г		Amount of Each Disbursement this Period	
Candidate Name	l	Category/ Type	2748.82	
	ent For: Primary General Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
California Nurses Association			M M / D D / Y Y Y Y	
Mailing Address 155 Grand Avenue			03 22 2016	
•	tate Zip Code CA 94612		Transaction ID : D712356	
Purpose of Disbursement Payroll	54012			
Candidate Name	I	Category/ Type	Amount of Each Disbursement this Period 943.42	
	ent For: Primary General Other (specify) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional)				
ODDIOTAL OF DISDUISCINCTUS THIS I age (optional)			4000.00	

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
I LIVIIZED DISBURSEIVIEN IS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) National Nurses United for Patient	, ,		SOURCE TO THE COURT OF THE COUR
Full Name (Last, First, Middle Initial) - DLX for Small Business			Date of Disbursement
Mailing Address 3680 Victoria Street North			02 22 2016
Saint Paul	State Zip Code MN 55126		Transaction ID : D712323
Purpose of Disbursement Checks			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	349.96
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		Memo Item
State: District: Full Name (Last, First, Middle Initial)			
Full Name (Last, First, Middle Initial) ELead Resources			Date of Disbursement
Mailing Address 314 W Superior St			01 22 2016
Chicago	State Zip Code IL 60654		Transaction ID : D711558
Purpose of Disbursement Printing for PAC			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1687.50
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		Memo Item
State: District: Full Name (Last, First, Middle Initial) Fowa CCI Action Fund			Date of Disbursement
Mailing Address 2001 Forest Ave			02 10 2016
City Des Moines Purpose of Disbursement	State Zip Code IA 50311		Transaction ID : D711018
Payroll Expense Candidate Name		Category/	Amount of Each Disbursement this Period
	mont For	Type	18486.66
Office Cought: House Dishurses	nent For.		Memo Item
Office Sought: House Disburser Senate President State: District:	Primary General Other (specify) ▼		

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 15 OF 152
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Orlean orling		
	Detailed Summary Page	X 21b	22 23	24 25 26
		27	28a 28b	28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
	e and address of any politi	cai committee to	SOIIGH COHMIDUMONS	s nom such committee.
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Drotootion			
National Nuises Officed for Patient	Protection			
Full Name (Last, First, Middle Initial)			Data (Et)	
^{A.} JP Morgan Chase			Date of Disburse	
Mailing Address 350 20th Street			01 1	2016
City	State Zip Code			
,	CA 94612		Transaction ID) : D711296
Purpose of Disbursement	0.0.2			
Bank fee for PAC			Amount of Each	Disbursement this Period
Candidate Name		Category/		25.00
Office Courbby House	ant Fam	Type		20.00
Office Sought: House Disburser Senate	nent For: Primary General		Memo Item	
	Other (specify)			
State: District:	Canon (opcomy)			
Full Name (Last, First, Middle Initial)				
3. JP Morgan Chase			Date of Disburse	ement
			M M / D	D / Y Y Y Y
Mailing Address 350 20th Street			01 1	2016
Oth.	7'- 0-1-			
,	State Zip Code CA 94612		Transaction ID) : D711297
Purpose of Disbursement	07012			
Bank fee for PAC			Amount of Each	Disbursement this Period
Candidate Name		Category/		25.00
		Type		25.00
Office Sought: House Disbursem			Memo Item	
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. JP Morgan Chase			Date of Disburse	ement
			M M / D	D / Y Y Y Y Y
Mailing Address 350 20th Street				8 2016
City	State Zip Code			
•	cate Zip Code CA 94612		Transaction ID) : D712317
Purpose of Disbursement	3.3.2			
Bank Fee			Amount of Each	Disbursement this Period
Candidate Name		Category/		05.00
		Type		25.00
Office Sought: House Disbursem			Memo Item	
	Primary General		_	
State: District:	Other (specify) ▼			
otate. District.				
SUPTOTAL of Dishuramenta This Dage (entire)				75.00
SUBTOTAL of Disbursements This Page (optional)		·····		
TOTAL This Period (last nage this line number only)			1	

	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	NUMBER: PAGE 16 OF 152 one) 22 23 24 25 26 28 28 28 28 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) National Nurses United for Patient	ne and address of any political		
Full Name (Last, First, Middle Initial) A. JP Morgan Chase Mailing Address 350 20th Street			Date of Disbursement O2 26 2016
Oakland Purpose of Disbursement	State Zip Code CA 94612		Transaction ID : D712318
Bank Fee Candidate Name Office Sought: House Disburse	ment For:	Category/ Type	Amount of Each Disbursement this Period 15.00 Memo Item
Senate President State: District: Full Name (Last, First, Middle Initial)	Primary		
B. JP Morgan Chase Mailing Address 350 20th Street			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oakland Purpose of Disbursement Bank Fee Candidate Name	State Zip Code CA 94612	Category/ Type	Transaction ID : D712319 Amount of Each Disbursement this Period 160.00
Senate President State: District:	ment For: Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. Local 1, Lithographers Mailing Address 113 University Place			Date of Disbursement O2 / 24 / 2016
New York Purpose of Disbursement Site Rental	State Zip Code NY 10003		Transaction ID : D711019 Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Category/ Type	300.00 Memo Item

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s		
I FINITED DISDOUSEMENTS	for each category of the Detailed Summary Page	` ▼ 21h	22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) National Nurses United for Patient	•	23	The state of the s
Full Name (Last, First, Middle Initial)			
Minnesota Nurses Association			Date of Disbursement
Mailing Address 345 Randolph Ave #200			03 28 2016
St Paul	State Zip Code MN 55102		Transaction ID: D711559
Purpose of Disbursement Travel for PAC			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1838.60
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	71-	Memo Item
State: District:			
Full Name (Last, First, Middle Initial) National Intervention			Date of Disbursement
Mailing Address 1211 D St NE			01 14 2016
Washington	State Zip Code DC 20002-6333		Transaction ID : D711560
Purpose of Disbursement Data services for PAC			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	50000.00
Office Sought: House Disburser	nent For: Primary General Other (specify)		Memo Item
State: District: Full Name (Last, First, Middle Initial) Postal Systems, Inc.			Date of Disbursement
Mailing Address 1890 North Blvd.			01 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Leandro	State Zip Code CA 94577		Transaction ID: D711013
Purpose of Disbursement Postage			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5219.32
Office Sought: House Disburser	Primary General	1 71.	Memo Item
Senate President State: District:	Other (specify) ▼		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politica	ai committee to	Solicit contributions from such committee.
National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			Data of Dishurasment
A. Postal Systems, Inc.			Date of Disbursement
Mailing Address 1890 North Blvd.			03 03 2016
•	State Zip Code		Transaction ID : D711014
San Leandro Purpose of Disbursement	CA 94577		
postage			Amount of Each Disbursement this Period
Candidate Name		Category/	56249.17
Office County		Туре	30243.17
Office Sought: House Disbursem	nent For: Primary General		Memo Item
	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Reclaim Chicago			Date of Disbursement
Mailing Address 850 W Jefferson Blvd Suite 750			03 03 2016
City S Chicago	State Zip Code IL 60607		Transaction ID : D712320
Purpose of Disbursement Equipment		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	43.60
Office Sought: House Disbursem	nent For:	.) -	Memo Item
	Primary General		_
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Date of Dishurances
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	7, -	Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)			56292.77

SCHEDULE B (FEC Form 3X)	Han annuals related ()	FOR LINE	NUMBER: PAGE 19 OF 152
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem	l nents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			Pole of Pickers
A. California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 14 2016
•	State Zip Code		Transaction ID : D710717
Oakland Purpose of Disbursement	CA 94612		
Payroll		l	Amount of Each Disbursement this Period
Candidate Name		Category/	611.05
Office Sought: House Disbursem	nent For: 2016	Type	Mama Itam
	Primary General		Memo Item
	Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
3. California Nurses Association			Date of Disbursement
Mailing Address 455.0			M M / D D / Y Y Y Y Y
Mailing Address 155 Grand Avenue			03 14 2016
,	State Zip Code CA 94612		Transaction ID : D710718
Purpose of Disbursement Payroll			Amount of Each Dishurasment this Devict
Candidate Name		Cata see d	Amount of Each Disbursement this Period
		Category/ Type	225.00
	nent For: 2016		Memo Item
	Primary General Other (specify) ▼		
State: District:	onici (specify) ▼		
Full Name (Last, First, Middle Initial)			
California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 14 2016
City	State Zip Code		
Oakland	CA 94612		Transaction ID : D710719
Purpose of Disbursement Non-federal contribution Payroll]	Amount of Each Disbursement this Period
Candidate Name		Category/	474.47
Office Sought: House Disbursem	nent For: 2016	Туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1310.52
CODICINE OF DISDUISEMENTS THIS Page (Optional)		······	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 20 OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny	
	Detailed Summary Page	21b 27	22 23 24 25 28 28b 28c X 29
Any information copied from such Reports and Statem	lents may not be sold or us	sed by any perso	
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	_		
National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			
A. Reclaim Chicago			Date of Disbursement
Mailing Address 850 W Jefferson Blvd			03 17 2016
Suite 750 City	State Zip Code		
Chicago	IL 60607		Transaction ID : D711016
Purpose of Disbursement Donation			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	2500.00
Office Sought: House Disbursen			Memo Item
	Primary General Other (specify) ▼		
State: District:	Cirici (openiy)		
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Perio
Candidate Name		Category/ Type	
Office Sought: House Disbursen	nent For:	.,,,,,	Memo Item
	Primary General		_
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Sity	Jale Zip Code		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Perio
		Category/ Type	
Office Sought: House Disbursen			Memo Item
	Primary General Other (specify) ▼		_
State: District:	Cirior (Specify)		
SUBTOTAL of Disbursements This Page (optional)		·····•	2500.00
TOTAL This Period (last page this line number only)			3810.52

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

21 OF

	9
X	10

152

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payroll **National Nurses United** Mailing Address 8630 Fenton Street **Suite 1100** City State Zip Code Silver Spring 20910 Transaction ID: D712397 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18679.33 18679.33 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Communication National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City State Zip Code Silver Spring MD 20910 Outstanding Balance Beginning This Period Transaction ID: D712398 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3363.47 3363.47 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel National Nurses United Mailing Address 8630 Fenton Street Suite 1100 Zip Code City State Silver Spring 20910 MD Transaction ID: D712399 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 79194.83 79194.83 0.00 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 22 OF 152 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Nurses United for Patient Pr	rotection		
	A. Full Name (Last, First, Middle Initial) of Debtor National Nurses United	Nature of Debt (Purpose): Travel		
•	Mailing Address 8630 Fenton Street Suite 1100			_
ı	City State	Zip Code		
	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712400
	0.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	1036.91	,	0.00	1036.91
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	National Nurses United			Office Supplies
	Mailing Address 8630 Fenton Street			
-	Suite 1100 City State	Zip Code		
	Silver Spring	MD	20910	
Ì				Transaction ID - D740404
	Outstanding Balance Beginning This Period 0.00			Transaction ID : D712401
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	917.50		0.00	917.50
	C. Full Name (Last, First, Middle Initial) of Debtor National Nurses United	r or Creditor		Nature of Debt (Purpose): Travel
	Mailing Address 8630 Fenton Street Suite 1100			
	City Silver Spring	State MD	Zip Code 20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712402
	0.00 Amount Incurred This Period	Pov	ment This Period	Outstanding Balance at Close of This Period
		Tay		
	47308.20		0.00	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	C (last page on	ıly) ▶	7
4)	ADD 2) and 3) and carry forward to appropriate I	line of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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23 OF

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel **National Nurses United** Mailing Address 8630 Fenton Street **Suite 1100** City State Zip Code Silver Spring 20910 Transaction ID: D712403 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 52029.13 52029.13 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City State Zip Code Silver Spring MD 20910 Outstanding Balance Beginning This Period Transaction ID: D712404 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8253.04 8253.04 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Rent National Nurses United Mailing Address 8630 Fenton Street Suite 1100 Zip Code City State Silver Spring 20910 MD Transaction ID: D712405 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2611.95 2611.95 0.00 62894.12 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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152

24 OF

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payroll **National Nurses United** Mailing Address 8630 Fenton Street **Suite 1100** City State Zip Code Silver Spring 20910 Transaction ID: D712598 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5556.52 5556.52 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City State Zip Code Silver Spring MD 20910 Outstanding Balance Beginning This Period Transaction ID: D712599 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10051.19 10051.19 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel National Nurses United Mailing Address 8630 Fenton Street Suite 1100 Zip Code City State Silver Spring 20910 MD Transaction ID: D712600 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 10684.48 10684.48 0.00 26292.19 1) SUBTOTALS This Period This Page (optional)..... 239686.55 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 239686.55 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

PAGE	25	OF	152
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
Tradional redises officed for Fatterit Frotection		C C00490375		
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee California Nurses Association	☐ Memo Iter	Date of Public Distribution/Dissemination		
		M = M / D = D / Y = Y = Y		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	20.00		
Oakland CA	94612	Transaction ID : D692604 Date of Disbursement or Obligation		
Purpose of Expenditure Online advertising	Category/ Type	01 07 2016		
Name of Federal Candidate	Support 0	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016		
Full Name of Payee	☐ Memo Item	Other (specify)		
Alliance Graphics	_ Memoriem	Date of Public Distribution/Dissemination		
Mailing Address 1101 8th Street		Amount		
City State	Zip Code	1560.38		
Berkeley CA	94710	Transaction ID : D692605 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	01 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		1580.38		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

PAGE		OF	152
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iten	Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	466.50
Oakland CA	94612	Transaction ID : D692622 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	01 11 2016
Name of Federal Candidate	Support (Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General Other (specify) Other
Full Name of Payee	☐ Memo Item	
California Nurses Association	_	01 12 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	220.00
Oakland CA	94612	Transaction ID : D692894 Date of Disbursement or Obligation
Purpose of Expenditure Site rental	Category/ Type	01 13 7 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	·	

PAGE 27 OF 152 FOR LINE 24 OF FORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **The committee of the committee of th					
C C00490375					
Check if 24-hour report 48-hour report New report	t Amends report fi	led on M / D D / Y Y Y Y			
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination			
Campaign Workshop Mailing Address 4420 20th Street Suits 200		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
1129 20th Street, Suite 200		Amount			
City State Z	Zip Code	42000.00			
	20036	Transaction ID : D692895 Date of Disbursement or Obligation			
Purpose of Expenditure Printing	Category/ Type	01 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Of	fice Sought: House District: 00			
BERNARD SANDERS		President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought		sbursement For:			
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination			
Campaign Workshop		01 15 2016			
Mailing Address 1129 20th Street, Suite 200		Amount			
City State 2	Zip Code	28000.00			
Washington DC	20036	Transaction ID : D692898 Date of Disbursement or Obligation			
Purpose of Expenditure Digital Advertising	Category/ Type	01 13 / 2016			
Name of Federal Candidate	X Support O	ffice Sought: House District:00			
BERNARD SANDERS		President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought		isbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	·····•	70000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	······				
(c) TOTAL Independent Expenditures	······				
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.					
Martha Kuhl [Electronica	ally Filed] Date	06 08 2016			
Signature	24.0				

PAGE	28		OF	152
FOR I	LINE	24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER V			
Tradional nuises officed for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New report	port Amends report	filed on Man / Dab / Yayayay	
Full Name of Payee Clear Channel Outdoor	☐ Memo Iter	m Date of Public Distribution/Dissemination	
Mailing Address		12 28 2015	
PO Box 591790		Amount	
City State	Zip Code	1400.00	
San Antonio TX	78259-0139	Transaction ID : D692899 Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	01 / 13 / 2016	
Name of Federal Candidate	X Support	Office Sought: House District:00	
BERNARD SANDERS	Oppose	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
Full Name of Payee	☐ Memo Item		
California Nurses Association		Date of Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	400.00	
Oakland CA	94612	Transaction ID : D692900 Date of Disbursement or Obligation	
Purpose of Expenditure Site rental	Category/ Type	01 / D13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support	Office Sought: House District:00	
BERNARD SANDERS	Oppose	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		1800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	06 08 2016	
Signature			

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

National Nurses United for Patient Protection

PAGE 29 OF 152 FOR LINE 24 OF FORM 3	X		
FEC IDENTIFICATION NUMBER	\dashv		
C C00490375]		
ed on M M / D D / Y Y Y Y Y Y]		
Date of Public Distribution/Dissemination			
01 / 25 / Y 2016]		
Amount			
700.00	71		
Transaction ID : D709360 Date of Disbursement or Obligation	_		
01 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ice Sought: House District: 00			
✓ President Senate State: NV			
sbursement For: Primary General			
Other (specify) ▶			
Date of Public Distribution/Dissemination			
01 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Amount			
950.00	٦		
Transaction ID : D709361	1		
Date of Disbursement or Obligation			
Date of Disbursement or Obligation On Date of Disbursement or Obligation On Date of Disbursement or Obligation	Ц		
01 / 13 / Y 2016	4		
01 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
fice Sought: House District: 00			
mon / 13 / 2016 Tice Sought: House District: 00 President Senate State: IA Subursement For: Primary General General	al		
fice Sought: House District: 00 President Senate State: IA Substitute of the state of the stat	al		
fice Sought: House District: 00 President Senate State: IA			
fice Sought: House District: 00 President Senate State: IA	al		
on on one of the state of the			

Check if 24-hour report 48-hour report New report Amends report fil Full Name of Payee Memo Item Clear Channel Outdoor Mailing Address PO Box 591790 City State Zip Code San Antonio TX 78259-0139 Purpose of Expenditure Category/ Printing Type Name of Federal Candidate X Support Of **BERNARD SANDERS** Oppose Dis Calendar Year-To-Date 20 148607.61 Per Election for Office Sought Memo Item Full Name of Payee Clear Channel Outdoor Mailing Address PO Box 591790 City State Zip Code San Antonio TX 78259-0139 Purpose of Expenditure Category/ Printing Type Name of Federal Candidate X Support O **BERNARD SANDERS** Oppose Di Calendar Year-To-Date 98103.35 20 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 06 80 2016 Date Signature

PAGE	30	OF		•
FOR L	INE 24	OF	FORM	ЗХ

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼			
Tradional redises officed for Fatient Frotection		C C00490375	
Check if 24-hour report 48-hour report New re	port Amends report	i filed on	
Full Name of Payee Autumn Press	Memo Iter	m Date of Public Distribution/Dissemination	
Mailing Address		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
945 Camelia St		Amount	
City State	Zip Code	627.83	
Berkeley CA	94710-1437	Transaction ID : D692896 Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	01 14 2016	
Name of Federal Candidate	X Support	Office Sought: House District:00	
BERNARD SANDERS	Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
Full Name of Payee	☐ Memo Item		
California Nurses Association		01 13 2016	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	220.00	
Oakland CA	94612	Transaction ID : D692897 Date of Disbursement or Obligation	
Purpose of Expenditure Site rental	Category/ Type	01 / 14 / 2016	
Name of Federal Candidate	X Support	Office Sought: House District:00	
BERNARD SANDERS	Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbursement For:	
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
Martha Kuhl [Electro	nically Filed] Date	06 08 2016	
Signature			

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FOR	LINE	24	OF	FOR	м зх

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER 1				
C C00490375				
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee California Nurses Association	Memo Iter	Date of Public Distribution/Dissemination		
Mailing Address 455 Crond Avenue		01 13 2016		
155 Grand Avenue		Amount		
City State	Zip Code	400.00		
Oakland CA	94612	Transaction ID : D692901 Date of Disbursement or Obligation		
Purpose of Expenditure Site rental	Category/ Type	01 14 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	Memo Item			
Bus Bank	_ memo nem	Date of Public Distribution/Dissemination 01 15 2016		
Mailing Address 820 West Jackson		Amount		
Suite 815				
City State	Zip Code	14124.00		
Chicago	60607	Transaction ID: D692905 Date of Disbursement or Obligation		
Purpose of Expenditure Bus tour expenses	Category/ Type	01 14 2016		
Name of Federal Candidate	Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		14524.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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FOR	LINE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Detiont Protection				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee Autumn Press	Memo Iten	Date of Public Distribution/Dissemination		
Mailing Address		01 / 15 / 2016		
945 Camelia St		Amount		
City State	Zip Code	833.79		
Berkeley CA	Transaction ID : D692903 Date of Disbursement or Obligation			
Purpose of Expenditure Printing	Category/ Type	01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	Memo Item			
Autumn Press		01 15 2016		
Mailing Address 945 Camelia St		Amount		
City State	Zip Code	1261.02		
Berkeley CA	94710-1437	Transaction ID : D692904 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	01 / 15 / 2016		
Name of Federal Candidate	Support	Office Sought: House District:00		
BERNARD SANDERS	Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General 2016 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures		2094.81		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	onically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Notice of Nurses United for Deticet Protection				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report New report	port Amends repor	t filed on		
Full Name of Payee Autumn Press	☐ Memo Ite	m Date of Public Distribution/Dissemination		
Mailing Addrass		01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
945 Camelia St		Amount		
City State	Zip Code	1291.61		
Berkeley CA	94710-1437	Transaction ID : D692906 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	01 15 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:		
Full Name of Payee	Memo Iter			
California Nurses Association		01 18 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	100.00		
Oakland CA	94612	Transaction ID : D693164 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	01 19 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		1391.61		
(b) SURTOTAL of Unitarrized Independent Expanditures				
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	06 08 7 2016		
Signature				

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FO	R LI	NE 24	1 OF	FOF	RM 3	3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Detions Dressession				
National Nurses United for Patient Protection C c00490375				
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee California Nurses Association	Memo Iter	Date of Public Distribution/Dissemination		
Mailing Address 455 Crand Avenue		01 18 2016		
155 Grand Avenue		Amount		
City State	Zip Code	50.00		
Oakland CA	Transaction ID : D693165 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type	01 19 / Y Y Y Y Y 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	Memo Item			
California Nurses Association	_ Memorien	Date of Public Distribution/Dissemination 01 18 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	100.00		
Oakland CA	94612	Transaction ID : D693166 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	01 19 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:		
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	06 08 2016		
Signature				

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Detiont Dretection				
National Nurses United for Patient Protection C c00490375				
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee California Nurses Association	☐ Memo Iter	Date of Public Distribution/Dissemination		
Mailing Address 455 Crand Avenue		01 18 2016		
155 Grand Avenue		Amount		
City State	Zip Code	85.30		
Oakland CA	94612	Transaction ID : D693167 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	01 19 / 2016		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	Memo Item			
California Nurses Association		Date of Public Distribution/Dissernination		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	200.00		
Oakland CA	94612	Transaction ID : D693168 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	01 19 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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FOR	LINE	24	OF	FORM	1 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Notional Nurses United for Detiont Protection				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report Ne	w report Amends report filed on Amends report			
Full Name of Payee California Nurses Association	☐ Memo Item Date of Public Distribution/Dissemination			
Mailing Address	01 / 18 / 2016			
155 Grand Avenue	Amount			
City State	Zip Code 180.00			
Oakland CA	94612 Transaction ID : D693169 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type 01 19 2016			
Name of Federal Candidate	Support Office Sought: House District: 00			
Bernie Sanders	Oppose President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►			
Full Name of Payee	Memo Item Date of Public Distribution/Dissemination			
California Nurses Association	01 / 19 / 2016			
Mailing Address 155 Grand Avenue	Amount			
City State	Zip Code 50.00			
Oakland CA	94612 Transaction ID : D693170 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type 01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office Sought: House District: 00			
Bernie Sanders	Oppose 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	230.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	•			
	ditures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political			
Martha Kuhl	lectronically Filed] Date 06 08 2016			
Signature	Date 1.			

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **The committee of the committee of th					
C C00490375					
Check if 24-hour report 48-hour report New report	port Amends report	filed on M M / D D / Y Y Y Y Y			
Full Name of Payee California Nurses Association	Memo Iter	Date of Public Distribution/Dissemination			
Mailing Address 455 Crand Avenue		01 20 7 2016			
155 Grand Avenue		Amount			
City State	Zip Code	50.00			
Oakland CA	94612	Transaction ID : D693171 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type	01 20 / 2016			
Name of Federal Candidate	X Support	Office Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:			
Full Name of Payee	☐ Memo Item				
California Nurses Association	_ memorican	Date of Public Distribution/Dissemination 01 19 2015			
Mailing Address 155 Grand Avenue		Amount			
City State	Zip Code	230.00			
Oakland CA	94612	Transaction ID : D693174 Date of Disbursement or Obligation			
Purpose of Expenditure Site Rental	Category/ Type	01 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support	Office Sought: House District:00			
BERNARD SANDERS	Oppose	President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement For: X Primary General 2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		280.00			
(b) OUDTOTAL of Heiberies deletered deat Ferranditure					
(b) SUBTOTAL of Unitemized Independent Expenditures		>			
(c) TOTAL Independent Expenditures		>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
Martha Kuhl [Electro	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

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		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **The committee of the committee of th					
C C00490375					
Check if 24-hour report 48-hour report New report	Amends report filed	d on Mam / Dab / Yayayay			
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination			
Mailing Address 455 Crand Avenue		01 19 / Y Y Y Y Y Y			
155 Grand Avenue		Amount			
City State Zip	Code	120.00			
Oakland CA 946	12	Transaction ID : D693175 Date of Disbursement or Obligation			
Purpose of Expenditure Site Rental	tegory/ Type	01 21 7 2016			
Name of Federal Candidate	X Support Office	e Sought: House District:00			
BERNARD SANDERS		President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought	Disb 2016	ursement For:			
	Memo Item				
Full Name of Payee California Nurses Association	_ Memoriem	Date of Public Distribution/Dissemination 01 20 2016			
Mailing Address 155 Grand Avenue		Amount			
City State Zip	Code	430.00			
Oakland CA 946	612	Transaction ID : D693176 Date of Disbursement or Obligation			
Purpose of Expenditure Site Rental	tegory/ Type	01 21 2016			
Name of Federal Candidate	X Support Office	ce Sought: House District: 00			
BERNARD SANDERS		President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought	Disk 201	oursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		550.00			
(b) SUPTOTAL of Unitamized Independent Expanditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7 7			
(c) TOTAL Independent Expenditures	·	7 7 7			
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.					
Martha Kuhl [Electronically	Filed] Date	06 08 2016			
Signature	_ 4.0				

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER OF COMMITTEE (In Full)				
Thational nurses officed for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New report	ort Amends report	t filed on Man / Dab / Yayayay		
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination		
California Nurses Association		01 20 / Y 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	210.00		
Oakland CA	94612	Transaction ID : D693177 Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental	Category/ Type	01 21 2016		
Name of Federal Candidate	Support	Office Sought: House District:00		
BERNARD SANDERS	Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Iten			
National Nurses United		Date of Public Distribution/Dissemination O1 21 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	100.00		
Oakland CA	94612	Transaction ID : D693181 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	01 22 7 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
BERNARD SANDERS	Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		310.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electronia	cally Filed] Date	06 08 7 2016		
Signature				

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FEC IDENTIFICATION NUMBER ▼					
C C00490375					
M / D D / Y Y Y Y					
of Public Distribution/Dissemination					
01 22 7 2016					
nt					
100.00					
ction ID : D712348 of Disbursement or Obligation					
01 22 2016					
t: District: 00					
ent Senate State: IA					
t For: Primary General					
ther (specify) -					
of Public Distribution/Dissemination					
01 25 2016					
nt					
50.00					
ction ID : D709354 of Disbursement or Obligation					
01 26 7 2016					
t: House District: 00					
ent Senate State: DC					
t For: X Primary General					
other (specify) -					
45000					
150.00					

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	t Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		01 22 2016
155 Grand Avenue		Amount
City State Z	ip Code	100.00
	94612	Transaction ID : D712348 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	01 22 / 2016
Name of Federal Candidate	Support (Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
California Nurses Association	_ memo nem	Date of Public Distribution/Dissemination 01 25 2016
Mailing Address 155 Grand Avenue		Amount
	Zip Code 94612	50.00 Transaction ID : D709354
Purpose of Expenditure		Date of Disbursement or Obligation
Online Ad	Category/ Type	01 26 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016
		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 rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Martha Kuhl [Electronica	ully Filed] Date	06 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Dale	النتا لتا لــــا

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FOR L	INE 24	1 OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
National Nurses Officed for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New re	port Amends report fi	iled on DDD / YDDY		
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination		
Mailing Address		01 22 / Y Y Y Y Y Y		
155 Grand Avenue		Amount		
City State	Zip Code	50.03		
Oakland CA	94612	Transaction ID : D709355 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	01 26 / 2016		
Name of Federal Candidate	Support O	ffice Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ▶		
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination		
California Nurses Association		01 26 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	460.00		
Oakland CA	94612	Transaction ID : D709356 Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental	Category/ Type	01 26 2016		
Name of Federal Candidate	Support O	office Sought: House District:00		
BERNARD SANDERS		President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		isbursement For:		
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	onically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

	PAGE		OF		
	FOR L	INE 24	OF FO	DRM 3X	
DENTIFICATION NUMBER					

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
National Nurses Officed for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination		
Mailing Address		01 26 7 2016		
155 Grand Avenue		Amount		
City State	Zip Code	900.00		
Oakland CA	94612	Transaction ID : D709357 Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental	Category/ Type	01 26 2016		
Name of Federal Candidate	X Support C	Office Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General Other (specify) ►		
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination		
California Nurses Association		01 25 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	50.00		
Oakland CA	94612	Transaction ID : D709358 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	01 26 7 2016		
Name of Federal Candidate	X Support C	Office Sought: House District:00		
BERNARD SANDERS	Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	onically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

PAGE	43	OF	152	
FOR L	INE 24	OF F	ORM 3X	
FOR LINE 24 OF FORM 3X DENTIFICATION NUMBER ▼				

	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Na	ational Nurses United for Patient Protection			C C00490375	
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y	
Т	Full Name of Payee	☐ Memo Ite	em D	ate of Public Distribution/Dissemination	
	Autumn Press Mailing Address			01 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	945 Camelia St		A	mount	
-	City State	Zip Code		1789.93	
	Berkeley CA	94710-1437		nsaction ID : D709359 ate of Disbursement or Obligation	
	Purpose of Expenditure Printing	Category/ Type		01 26 7 2016	
	Name of Federal Candidate	X Support	Office Sc	ought: House District:00	
	Bernie Sanders	Oppose	X Pre	esident Senate State: DC	
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disburse 2016	ment For: Primary General	
┝				Other (specify) ▶	
	Full Name of Payee California Nurses Association	Memo Ite	m D	ate of Public Distribution/Dissemination M	
	Mailing Address 155 Grand Avenue		A	mount	
-	0	7' 0 1	— г	F0.00	
	City State Oakland CA	Zip Code 94612	1 -	50.00 Insaction ID : D709556	
ŀ	Purpose of Expenditure	Category/		ate of Disbursement or Obligation	
	Online Ad	Туре		01 27 2016	
П	Name of Federal Candidate	X Support	Office So	ought: House District: 00	
L	BERNARD SANDERS	Oppose	X Pr	esident Senate State: IA	
	Calendar Year-To-Date Per Election for Office Sought	98103.35	Disburse 2016	ment For:	
(á	a) SUBTOTAL of Itemized Independent Expenditures		• [1839.93	
(k	substotal of Unitemized Independent Expenditures		•		
(0	e) TOTAL Independent Expenditures		•		
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.				
	Martha Kuhl [Electroni	cally Filed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature	Date	00	2010	

PAGE	44	OF	152				
FOR LI	NE 24	OF F	ORM 3X				
DENTIFICATION NUMBER ▼							

	or committee (in full)		FEC IDENTIFICATION NUMBER ▼					
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Checl	c if 24-hour report 48-hour report New report	ort Amends repo	rt filed on					
	ull Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination					
	Bus Bank		03 / 06 / 2016					
IN	lailing Address 820 West Jackson		Amount					
	Suite 815	7' 01-	2040044					
	ity State hicago IL	Zip Code 60607	Transaction ID : D709557 Date of Disbursement or Obligation					
	urpose of Expenditure Bus tour expenses	Category/ Type	01 27 2016					
N	ame of Federal Candidate	Support	Office Sought: House District: 00					
E	ernie Sanders	Oppose	President Senate State: DC					
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:					
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	California Nurses Association		Date of Fubic Distribution/Dissernmation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
M	failing Address 155 Grand Avenue		Amount					
	State Chale	Zin Code	40.00					
- 1	Dakland CA	Zip Code 94612	Transaction ID : D709846 Date of Disbursement or Obligation					
	urpose of Expenditure Online Ad	Category/ Type	01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
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	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:					
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wit	der penalty of perjury I certify that the independent expenditures h, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.							
	Martha Kuhl [Electroni	cally Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Signature	_ Date						

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 45 OF 152 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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on Mam / Dad / Yayayay
Date of Public Distribution/Dissemination
02 / 03 / 2016
Amount
1512.89
Transaction ID: D710082 Date of Disbursement or Obligation
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Sought: House District: 00
President Senate State: DC
rsement For: Primary General
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National Nurses United for Patient Protection Check if 24-hour report 48-hour report New report Amends report filed Full Name of Payee Memo Item Alliance Graphics Mailing Address 1101 8th Street City State Zip Code CA Berkeley 94710 Purpose of Expenditure Category/ Printing Type Name of Federal Candidate X Support Office Bernie Sanders Oppose Disbu Calendar Year-To-Date 2016 757143.91 Per Election for Office Sought Memo Item Full Name of Payee California Nurses Association Mailing Address 155 Grand Avenue City State Zip Code Oakland CA 94612 Purpose of Expenditure Category/ Online Ad Type Name of Federal Candidate Offic X Support Bernie Sanders Oppose X Disbu Calendar Year-To-Date 757143.91 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 06 80 2016 Date Signature

PAGE 46 OF 152 FOR LINE 24 OF FORM 3X
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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	(a) SUBTOTAL of Itemized Independent Expend	tures			1 T	1 1 7	240.00
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[Electronically Filed] Date 06 08 2016	with, or at the request or suggestion of, any can	didate or authorize					
Date 00 12010	Martha Kuhl	[Electron	nically Filed]	M M M			
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NAME OF COMMITTEE (In Full)

PAGE 47 OF 152 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼ C C00490375
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of Public Distribution/Dissemination
01 / 30 / 2016
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40.00 action ID : D709932 of Disbursement or Obligation
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Na	tional Nurses United for Patient	Protection			C C00490375
Chec	ck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	I on Man / Dad / Yayayay
	Full Name of Payee		Memo It	em	Date of Public Distribution/Dissemination
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N	Mailing Address 155 Grand Avenue				Amount
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1	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	BERNARD SANDERS		Oppose		President Senate State: IA
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wi	nder penalty of perjury I certify that the independent, or at the request or suggestion of, any can arrry committee) any political party committee or	didate or authorized			
	Martha Kuhl	[Electron	ically Filed]	M	06 08 2016
	Signature		Date	, L	

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼							
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Check if 24-hour report 48-hour report New report	Amends report file	d on	/ D D / Y P Y P				
Full Name of Payee California Nurses Association	Memo Item	Date of Public	c Distribution/Dissemination				
Mailing Address		02	01 2016				
155 Grand Avenue		Amount					
City State Zip Code)		50.00				
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(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7					
(c) TOTAL Independent Expenditures	•	7	1141141				
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.							
Martha Kuhl [Electronically Filed	d] Date	06 / 08	2016				
Signature	_						

Martha Kuhl

Signature

SCHEDULE E (FEC Form 3X)								
TEMIZED INDEPENDENT EXPENDITURES					PAGE 49 FOR LINE 2	OF 152 4 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC ID		ON NUMBER ▼		
National Nurses United for Patient Protect	ction			C	C00490375			
Check if 24-hour report 48-hour report	New report	Amends repo		I = M /	D D /	Y = Y = Y = Y		
Full Name of Payee California Nurses Association		☐ Memo It	em Date	of Public	Distribution/	Dissemination		
California Nurses Association					01 31 2016			
Mailing Address 155 Grand Avenue			Amou	ınt				
City	ate Zip	Code				150.00		
Oakland C/	A 94	1612			: D709936 rsement or C	Obligation		
Purpose of Expenditure Site Rental	C	Category/ Type		02	01	2016		
Name of Federal Candidate	<u> </u>	X Support	Office Sough	nt:	House	District: 00		
BERNARD SANDERS		Oppose	X Presid	ent	Senate	State:IA		
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursemer 2016	nt For: Other (sp	Primary ecify) ▶	General		
Full Name of Payee		☐ Memo Ite	m Date	of Public	Distribution/	Dissemination		
California Nurses Association				02	01	2016		
Mailing Address 155 Grand Avenue			Amou	ınt				
City Sta	ate Zij	o Code	— I .			800.00		
		4612			: D709937 ursement or C	Obligation		
Purpose of Expenditure Site Rental	С	Category/ Type		02	01 /	2016		
Name of Federal Candidate	ı	Support	Office Sough	nt:	House	District: 00		
BERNARD SANDERS		Oppose	X Presid		Senate	State: IA		
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursemer 2016	nt For: Other (sp	Primary ecify) ►	General		
			-					
(a) SUBTOTAL of Itemized Independent Expenditures			•		7	950.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			•	-	4			
(c) TOTAL Independent Expenditures			•	-7-				
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized co							

[Electronically Filed]

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Date

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2016

PAGE 50 OF 152 FOR LINE 24 OF FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TValional Nuises Officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Iter	Date of Public Distribution/Dissemination
Mailing Address 455 Croad Avenue		02 01 2016
155 Grand Avenue		Amount
City State	Zip Code	200.00
Oakland CA	94612	Transaction ID : D709938 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	02 01 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Full Name of Payee	☐ Memo Item	Other (specify)
California Nurses Association	_ Memoriem	Date of Public Distribution/Dissemination 02 02 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	580.00
Oakland CA	94612	Transaction ID: D709939 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	02 / 01 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electroni	ically Filed] Date	06 08 2016
Signature	_ Date	

Martha Kuhl

Signature

	CHEDULE E (FEC Form 3)						
T	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 51	OF 152 24 OF FORM 3X	
N	AME OF COMMITTEE (In Full)			1	FEC IDENTIFICATI		
١	National Nurses United for Pa	tient Protection			C C00490375		
Cl	heck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	M / D D /	Y W Y W Y	
	Full Name of Payee California Nurses Association		☐ Memo It	M	f Public Distribution	Y Y Y Y	
	Mailing Address 155 Grand Avenue			Amoun	02 01 t	2016	
	City	State	Zip Code			40.00	
	Oakland	CA	94612		tion ID: D710083 f Disbursement or 0	Obligation	
	Purpose of Expenditure Online Ad		Category/ Type		02 02	2016	
	Name of Federal Candidate		X Support	Office Sought:	House	District:00	
	BERNARD SANDERS		Oppose	X Presider	nt Senate	State:IA	
	Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement 2016 Oth	For:	/ General	
	Full Name of Payee		☐ Memo Ite	em Date o	f Public Distribution	/Dissemination	
	California Nurses Association Mailing Address 155 Crond Avenue	1 			02 / 01 /	2016	
	155 Grand Avenue			Amoun	Amount		
	City	State	Zip Code			40.00	
	Oakland	CA	94612		tion ID: D710084 f Disbursement or	Obligation	
	Purpose of Expenditure Online Ad		Category/ Type		02 / 02 /	2016	
	Name of Federal Candidate		Support	Office Sought	: House	District:00	
	BERNARD SANDERS		Oppose	X Preside	nt Senate	State: IA	
	Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement 2016 Ott	For: X Primary	y General	
	(a) SUBTOTAL of Itemized Independent	Expenditures			7 7	80.00	
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	7 7		
	(c) TOTAL Independent Expenditures			•	7		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					

[Electronically Filed]

06

Date

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2016

PAGE	52		OF	F 152	
FOR	LINE	24	OF	FORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Bus Bank	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		02 / 08 / 2016
820 West Jackson		Amount
Suite 815 City State Zip	o Code	131600.00
	0607	Transaction ID : D710075 Date of Disbursement or Obligation
Purpose of Expenditure Bus tour expenses	Category/ Type	02 / 05 / 2016
Name of Federal Candidate	Support Offi	ce Sought: House District:00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disi 57143.91 201	bursement For: X Primary General 6 Other (specify) ▶
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		02 05 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	50.00
Oakland CA 94	1612	Transaction ID : D710071 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 08 2016
Name of Federal Candidate	Support Offi	ce Sought: House District:00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	57143.91 Dis 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	131650.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
Martha Kuhl [Electronicali	ly Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	24.0	

Martha Kuhl

Signature

	CHEDULE E (FEC Form 3)					
Т	EMIZED INDEPENDENT EXPEND	ITURES				53 OF 152 E 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)					ATION NUMBER ▼
١	National Nurses United for Pa	tient Protection			C C0049037	5
CI	heck if 24-hour report 48-hour report	report New repo	ort Amends repo		/ D D	/ Y = Y = Y = Y
	Full Name of Payee California Nurses Association		☐ Memo It	Bate	of Public Distributi	/ Y = Y = Y = Y
	Mailing Address 155 Grand Avenue			Amou	02 05 int	2016
	City Oakland	State CA	Zip Code 94612	Transa	ction ID : D71007	50.00
	Purpose of Expenditure Online Ad		Category/	Date	of Disbursement of 02 08	or Obligation
	Name of Federal Candidate		Type Support	Office Sough		District: 00
	Bernie Sanders		Oppose	X Preside	ent Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursemen 2016 O	of For: X Prime	ary General
	Full Name of Payee California Nurses Association Mailing Address 155 Grand Avenue	1	☐ Memo Ite	Date Amou	of Public Distribut 02 / 05 unt	ion/Dissemination / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code			100.00
	Oakland	CA	94612		of Disbursement of	-
	Purpose of Expenditure Online Ad		Category/ Type		02 / 08	2016
	Name of Federal Candidate		X Support	Office Sough	nt: House	District:00
	Bernie Sanders		Oppose	X Presid	ent Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursemer 2016	nt For: X Prim	ary General
	(a) SUBTOTAL of Itemized Independent I	Expenditures		· [7-113	150.00
	(b) SUBTOTAL of Unitemized Independen	nt Expenditures		•		- 1 - 2
	(c) TOTAL Independent Expenditures			•		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized				

[Electronically Filed]

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Date

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2016

PAGE	54	OF	152
FOR L	INE 24	OF FO	ORM 3X
ENTIF			

	e of COMMITTEE (In Full) tional Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼
INA	tional Nurses Office for Fatient Frotection			C C00490375
Chec	k if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on Mam / Dad / Yayayay
F	full Name of Payee	☐ Memo Ite	em	Date of Public Distribution/Dissemination
	California Nurses Association			02 06 7 2015
	Mailing Address 155 Grand Avenue			Amount
	Dity State	Zip Code		40.00
	Dakland CA	94612		Transaction ID : D710074 Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad	Category/ Type		02 08 2016
Ν	Name of Federal Candidate	Support	Office	Sought: House District:00
E	Bernie Sanders	Oppose		
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbu 2016	orsement For:
 	- 1111	☐ Memo Ite	m	
'	Full Name of Payee Campaign Workshop	□ Memorite	m	Date of Public Distribution/Dissemination 02 08 2016
1	Mailing Address 1129 20th Street, Suite 200			Amount
	21			505.00
	City State Washington DC	Zip Code 20036		505.82 Transaction ID : D710076
	Purpose of Expenditure Printing	Category/ Type		Date of Disbursement or Obligation 02 08 2016
	Name of Federal Candidate			Sought: House District: 00
	BERNARD SANDERS	Support Oppose		President Senate State: NV
t	Calendar Year-To-Date Per Election for Office Sought	148607.61		ursement For: X Primary General
_	, , ,			Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures		•	545.82
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(с) TOTAL Independent Expenditures		•	
wi	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Martha Kuhl [Electroni	ically Filed] Date	M 0	6 08 2016
	Signature	_ Date	نا	

NAME

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EMIZED INDEPENDENT EXPEND	TURES		PAGE 55 OF 152 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
lational Nurses United for Pati	ient Protection		C C00490375
eck if 24-hour report 48-hour re	eport New	report Amends repo	ort filed on
Full Name of Payee Campaign Workshop		☐ Memo It	Date of Public Distribution/Dissemination 02 03 03 02 016
Mailing Address 1129 20th Street, Suite 2	200		Amount
City	State	Zip Code	62.34
Washington	DC	20036	Transaction ID : D710077 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	02 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
BERNARD SANDERS		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For:
Full Name of Payee Campaign Workshop		☐ Memo Ite	M M / D D / Y Y Y Y Y
Mailing Address 1129 20th Street, Suite 2	200		01 27 2016 Amount
City	State	Zip Code	62.34
Washington	DC	20036	Transaction ID : D710078 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	02 / 08 / 2016
Name of Federal Candidate		Support	Office Sought: House District: 00
BERNARD SANDERS		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent E	expenditures		▶ 124.68
(b) SUBTOTAL of Unitemized Independen	t Expenditures		. •

Unde party committee) any political party committee or its agent.

Martha Kuhl	[Electronically Filed]	Date	06	08	/	2016
Signature						

		56 NE 24	OF OF F	152 ORM 3X
	ENTIFIC	CATIO	N NUM	BER ▼
(C004903	375		

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Campaign Workshop		01 20 / 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State Zip Co	de	1433.95
Washington DC 20036		Transaction ID : D710079 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categ	jory/ Type	02 08 7 2016
Name of Federal Candidate	Support Offi	ce Sought: House District:00
BERNARD SANDERS		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 9810	Dis 201	bursement For:
Full Name of Payee	Memo Item	
Campaign Workshop		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1129 20th Street, Suite 200		Amount
City State Zip Co	ode	537.47
Washington DC 20036	i	Transaction ID : D710080 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categ	gory/ Type	02 08 2016
Name of Federal Candidate	Support Off	ice Sought: House District: 00
BERNARD SANDERS		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 9810	Dis 20°	bursement For: X Primary General Other (specify) Other
(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 reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Fig. 2]	led] Date	06 08 2016
Signature	24.0	

PAGE	57	OF	152
FOR	LINE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nuises officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report	filed on Man / Dad / Yayayay
Full Name of Payee Campaign Workshop	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		01 11 / 2016
1129 20th Street, Suite 200		Amount
City State	Zip Code	537.47
Washington DC	20036	Transaction ID : D710081 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
BERNARD SANDERS		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
	☐ Memo Item	
Full Name of Payee California Nurses Association	_ Memo tem	Date of Public Distribution/Dissemination 02 08 02 08 08
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	700.00
Oakland CA	94612	Transaction ID : D710085 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	02 / 08 / 2016
Name of Federal Candidate	Support C	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1237.47
(b) CURTOTAL of Unitaryized Independent Eveneditures		7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		49. 49. 49.
(c) TOTAL Independent Expenditures)	·
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

	PAGE 58 OF 152
_	FOR LINE 24 OF FORM 3X
Ė	DENTIFICATION NUMBER ▼ C00490375
/	D = D / Y = Y = Y
blid	Distribution/Dissemination OB 2016

			FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection				
National Nurses United for Patient Protection			C00490375	
Check if 24-hour report 48-hour report New rep	port Amends repo	rt filed on	M / D = D / Y = Y = Y	
Full Name of Payee	☐ Memo Ite	Date of F	Public Distribution/Dissemination	
California Nurses Association		02		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code		480.00	
Oakland CA	94612		on ID: D710086 Disbursement or Obligation	
Purpose of Expenditure Site Rental	Category/ Type	02		
Name of Federal Candidate	Support	Office Sought:	House District: 00	
BERNARD SANDERS	Oppose	President	Senate State: NV	
Calendar Year-To-Date		Disbursement Fo		
Per Election for Office Sought	148607.61	2016 Othe	r (specify) •	
Full Name of Payee	Memo Ite	m Date of F	Public Distribution/Dissemination	
California Nurses Association		02		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code		720.00	
Oakland CA	94612		on ID: D710087 Disbursement or Obligation	
Purpose of Expenditure	Category/	M	M / D D / Y Y Y	
Site Rental	Type	02	2016	
Name of Federal Candidate	X Support	Office Sought:	House District:00	
BERNARD SANDERS	Oppose	X President	Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement F 2016 Othe	or: X Primary General	
(a) SUBTOTAL of Itemized Independent Expenditures			1200.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7	
(c) TOTAL ladous days 5				
(c) TOTAL Independent Expenditures		•	492 492 482	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	M M / D	08 2016	
Signature				

PAGE	59	OF	152	1
FOR LI	NE 24	OF F	ORM 3X	1
				_
ENTIFI	CATIO	N NUM	BER ▼	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report f	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		02 11 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	580.00
Oakland CA 946	612	Transaction ID : D710088 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	ategory/ Type	02 08 7 2016
Name of Federal Candidate	X Support C	Office Sought: House District: 00
BERNARD SANDERS		President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
Full Name of Payer	☐ Memo Item	
Full Name of Payee Postal Systems, Inc.	_ Memoriem	Date of Public Distribution/Dissemination 02 09 2016
Mailing Address 1890 North Blvd.		Amount
City State Zip	Code	77048.67
San Leandro CA 94	577	Transaction ID : D710103 Date of Disbursement or Obligation
Purpose of Expenditure Postage Ca	ategory/ Type	02 08 2016
Name of Federal Candidate	Support C	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: Primary General 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 represent, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically	y Filed] Date	06 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

SCHEDULE E (FE ITEMIZED INDEPENDI

MIZED INDEPENDENT EXPENDIT	JRES			PAGE 60 OF 152 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ational Nurses United for Patie	nt Protection			C C00490375
eck if 24-hour report 48-hour repo	ort New I	report Amends rep	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo I	tem	Date of Public Distribution/Dissemination
Postal Systems, Inc.				02 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				02 09 2010
1890 North Blvd.				Amount
City	State	Zip Code		6335.23
San Leandro	CA	94577	٦	Transaction ID : D710104 Date of Disbursement or Obligation
Purpose of Expenditure Postage		Category/ Type		02
Name of Federal Candidate		Support	Office	Sought: House District: 00
Bernie Sanders		Oppose		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91		rsement For: X Primary General
E. III Name of Davis		☐ Memo It	om	Other (specify)
Full Name of Payee Postal Systems, Inc.			em	Date of Public Distribution/Dissemination 02 09 09 09 000
Mailing Address 1890 North Blvd.				Amount
City	State	Zip Code		11957.95
San Leandro	CA	94577		Transaction ID : D710107 Date of Disbursement or Obligation
Purpose of Expenditure Postage		Category/ Type		02 08 7 2016
Name of Federal Candidate		Support	Office	Sought: House District:00
BERNARD SANDERS		Oppose		President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		21347.52	Disbur 2016	rsement For:
a) SUBTOTAL of Itemized Independent Exp	enditures		▶	18293.18
b) SUBTOTAL of Unitemized Independent E	xpenditures		··· •	

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						

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CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES	PAGE 61 OF 152 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375

National Nurses United for Patient I	Protoction			FEC	IDENTIFICAT	ION NUMBER ▼
National Nuises Officed for Fatient i	Tolection			С	C00490375	
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	M = M	/ D D /	Y = Y = Y
Full Name of Payee		Memo It	em D	ate of Pub	lic Distribution	n/Dissemination
Postal Systems, Inc.		_		M = M	/ D D	Y Y Y Y Y
Mailing Address 4900 North Phys				02	10	2016
1890 North Blvd.			A	mount		
City	State	Zip Code			0-1-1-0	23829.17
San Leandro	CA	94577			ÍD: D710120 oursement or	Obligation
Purpose of Expenditure postage		Category/ Type		02 02	08	2016
Name of Federal Candidate		Support	Office So	ouaht:	House	District: 00
BERNARD SANDERS		Oppose		esident	Senate	State: MO
Calendar Year-To-Date			Disburse	ment For:	X Primar	y General
Per Election for Office Sought	, , ,	32655.37	2016	Other (s	specify) ►	
Full Name of Payee		☐ Memo Ite	m D	ate of Pub	olic Distribution	n/Dissemination
Postal Systems, Inc.				M M M 02	/ D D D	2016
Mailing Address 1890 North Blvd.			Δ	mount		
				inount		
City	State	Zip Code				33543.88
San Leandro	CA	94577			ÍD: D710121 bursement or	Obligation
Purpose of Expenditure		Category/		M M	/ D D	/ Y Y Y Y Y
postage		Type	_	02	08	2016
Name of Federal Candidate		X Support	Office S	ought:	House	District:00
BERNARD SANDERS		Oppose	X Pr	esident	Senate	State:IA
Calendar Year-To-Date				ment For:	Y Primar	y General
Per Election for Office Sought		98103.35	2016	Other (s	specify) ►	
(a) SUBTOTAL of Itemized Independent Expendi	tures		. [1 1 7	57373.05
(b) SUBTOTAL of Unitemized Independent Expe	nditures				4	
(c) TOTAL Independent Expenditures			•		7	1 1 75 1
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize	•				· ·
Martha Kuhl	[Electron	nically Filed] Date	M M M	/ 08	D / Y Y Y 20	16
Signature				تنا ١	تــا ــ	

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 62 OF 152 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
M
of Public Distribution/Dissemination
02 10 2016
int
19953.67
oction ID: D710122 of Disbursement or Obligation
02 08 7 2016
nt: House District: 00
ent Senate State: CO
nt For: X Primary General
Other (specify)
of Public Distribution/Dissemination
ınt
71875.68 action ID : D710134 of Disbursement or Obligation
02 08 2016
nt: House District: 00
ent Senate State: FL
nt For: Rimary General
Other (specify)
91829.35

National Nurses United for Patient Protection Check if 24-hour report Amends report filed on 48-hour report New report Full Name of Payee Memo Item Date Postal Systems, Inc. Mailing Address 1890 North Blvd. Amou City State Zip Code CA San Leandro 94577 Transa Date Purpose of Expenditure Category/ postage Type Name of Federal Candidate X Support Office Sough **BERNARD SANDERS** Oppose X Preside Disbursemen Calendar Year-To-Date 2016 27518.27 Per Election for Office Sought 0 Memo Item Full Name of Payee Date Postal Systems, Inc. Mailing Address 1890 North Blvd. Amou City State Zip Code San Leandro CA 94577 Transa Date Purpose of Expenditure Category/ Postage Type Name of Federal Candidate Office Sough X Support **BERNARD SANDERS** Oppose X Preside Disbursemer Calendar Year-To-Date 107877.13 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 06 80 2016 Date Signature

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		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional Nuises Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee Postal Systems, Inc.	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		02 / 12 / 2016
1890 North Blvd.		Amount
City State	Zip Code	43316.75
San Leandro CA	94577	Transaction ID : D710142 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 08 / 2016
Name of Federal Candidate	Support (Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
	☐ Memo Item	Other (specify)
Full Name of Payee Postal Systems, Inc.	_ Memoricin	Date of Public Distribution/Dissemination 02 12 2016
Mailing Address 1890 North Blvd.		Amount
City State	Zip Code	32015.64
San Leandro CA	94577	Transaction ID: D710152 Date of Disbursement or Obligation
Purpose of Expenditure Postage	Category/ Type	02 / 08 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		75332.39
(a) COSTOTAL OF ROTHERON Macportation Exportantal Commission		7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Martha Kuhl [Electron	ically Filed] Date	06 08 2016
Signature	Date	

	PAGE 64 OF 152 FOR LINE 24 OF FORM 3X
EC IE	DENTIFICATION NUMBER ▼
	C00490375
M /	D D / Y Y Y Y Y
Public	Distribution/Dissemination
2 /	12 / 2016
	41251.30
	: D710153 ursement or Obligation
2 /	08 / 2016
	House District:00

IAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
			0 000400070
heck if 24-hour report 48-hour report New re	port Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Postal Systems, Inc.	☐ Memo Ite	em Date	of Public Distribution/Dissemination
Mailing Address		[M 02 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1890 North Blvd.		Amo	unt
City State	Zip Code		41251.30
San Leandro CA	94577		action ID: D710153 of Disbursement or Obligation
Purpose of Expenditure Postage	Category/ Type] [02 / 08 / 2016
Name of Federal Candidate	X Support	Office Soug	ht: House District: 00
BERNARD SANDERS	Oppose	X Presid	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	58055.50	Disburseme	ent For: Primary General Other (specify)
Full Name of Payee	☐ Memo Ite		e of Public Distribution/Dissemination
Autumn Press		Date	02 12 2016
Mailing Address 945 Camelia St		Amo	
City State	Zip Code		11309.40
Berkeley CA	94710-1437		saction ID : D710154 e of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		02 / 08 / 2016
Name of Federal Candidate	X Support	Office Soug	ght: House District: 00
BERNARD SANDERS	Oppose	X Presi	
Calendar Year-To-Date Per Election for Office Sought	83325.04	Disburseme	
			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		>	52560.70
(b) SUBTOTAL of Unitemized Independent Expenditures		· [171171171
(c) TOTAL Independent Expenditures		· [7 1 7 1 7
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•		•
Martha Kuhl [Electro	onically Filed] Date	M = M /	08 2016
Signature	Date		لىتتىا لىنا

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report fi	led on Man / Dab / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Autumn Press		M = M / D = D / Y = Y = Y
Mailing Address 945 Camelia St		Amount
City State Zip	p Code	15079.20
,	4710-1437	Transaction ID : D710155 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 08 / 2016
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
BERNARD SANDERS		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee	Memo Item	
Alliance Graphics		Date of Public Distribution/Dissemination O2 O9 2016
Mailing Address 1101 8th Street		Amount
City State Zi	p Code	427.05
	4710	Transaction ID : D710105 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 09 7 2016
Name of Federal Candidate	X Support Of	ffice Sought: House District:00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 7		isbursement For: X Primary General O16 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		15506.25
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
Martha Kuhl [Electronical	lly Filed] Date	06 08 2016
Signature	24.0	

PAGE	66	OF	152
FOR I	INE 24	OF FO	DRM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Man / Dab / Yayayay
Full Name of Payee Autumn Press	Memo Iter	m Date of Public Distribution/Dissemination
Mailing Address		02 / 09 / 2016
945 Camelia St		Amount
City State	Zip Code	5449.45
Berkeley CA	94710-1437	Transaction ID : D710106 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
Alliance Graphics		02 10 2016
Mailing Address 1101 8th Street		Amount
City State	Zip Code	10971.90
Berkeley CA	94710	Transaction ID : D710108 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		16421.35
(b) SUBTOTAL of Unitemized Independent Expenditures		
(2) CODICINE OF CHROTHECOURTH EXPENDITURES		
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 7 2016
Signature		

SCHEDULE E (FEC Form 3X) ITEM

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MIZED INDEPENDENT EXPENDITURES	PAGE	67	OF	152
	FOR LI	NE 24	OF FO)RM 3X

		TOTT LINE 24 OF TOTAL 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 rep	port Amends report	filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Alliance Graphics	Memo Iten	Date of Public Distribution/Dissemination				
Mailing Address		02 / 12 / 2016				
1101 8th Street		Amount				
City State	Zip Code	19637.31				
Berkeley CA	94710	Transaction ID : D710132 Date of Disbursement or Obligation				
Purpose of Expenditure Printing	Category/ Type	02 09 / 2016				
Name of Federal Candidate	Support	Office Sought: House District:00				
Bernie Sanders	Oppose	President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:				
Full Name of Payee	Memo Item					
Minneapolis Labor Review	_ memo item	Date of Public Distribution/Dissemination 02 19 2016				
Mailing Address 312 Central Ave		Amount				
Suite 542						
City State	Zip Code	2413.63				
Minneapolis MN	55414	Transaction ID: D710484 Date of Disbursement or Obligation				
Purpose of Expenditure Printing	Category/ Type	02 09 2016				
Name of Federal Candidate	Support	Office Sought: House District:00				
Bernie Sanders	Oppose	President Senate State: MN				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016 Other (constitution)				
		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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•					
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature	Date	للثنيا لتا ليا				

PAGE	68	OF	152
FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee	Memo Ite	em Date of	Public Distribution/Dissemination
Autumn Press			02 10 7 2016
Mailing Address 945 Camelia St		Amount	t
City State	Zip Code		3322.30
Berkeley CA	94710-1437		tion ID : D710112 Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M C)2
Name of Federal Candidate	X Support	Office Sought:	House District: 00
BERNARD SANDERS	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Ite		f Public Distribution/Dissemination
Autumn Press		M	02 10 2016
Mailing Address 945 Camelia St		Amoun	
City State	Zip Code		13198.03
Berkeley CA	94710-1437		tion ID: D710113 f Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought:	House District:00
Bernie Sanders	Oppose	Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures			16520.33
(1) OUDTOTAL (11):			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		•	4 4 4
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M M / / 06	08 / Y = Y = Y = Y = Y
Signature			

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 69 OF 152 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
National Nurses United for Patie	ent Protection		C	C00490375
Check if 24-hour report 48-hour rep	port New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee		Memo l	em Date of P	ublic Distribution/Dissemination
Autumn Press			02	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 945 Camelia St			Amount	
City	State	Zip Code		8796.20
Berkeley	CA	94710-1437		n ID : D710114 isbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	02	
Name of Federal Candidate		X Support	Office Sought:	House District:00
BERNARD SANDERS		Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		32655.37	Disbursement Fo	or:
Full Name of Payee		☐ Memo Ite	em Date of P	ublic Distribution/Dissemination
Autumn Press			M = N	
Mailing Address			02	10 2016
945 Camelia St			Amount	
City	State	Zip Code		12566.05
Berkeley	CA	94710-1437		n ÍD : D710115 visbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	02	10 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:00
BERNARD SANDERS		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For 2016 Other	or: X Primary General (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		· •	21362.25
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures				
(6) TOTAL independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize			

Martha Kuhl	[Electronically Filed]	Date	06	08	/	2016
Signature						

	PAGE		OF	152	
	FOR L	INE 24	OF F	ORM 3X	
DENTIFICATION NUMBER -					

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends repor	t filed on
Full Name of Payee Autumn Press	Memo Ite	m Date of Public Distribution/Dissemination
Mailing Address		02 / 10 / 2016
945 Camelia St		Amount
City State	Zip Code	7539.60
Berkeley CA	94710-1437	Transaction ID : D710116 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 10 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	27518.27	Disbursement For:
Full Name of Payee	Memo Iten	
Autumn Press		02 10 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	26388.60
Berkeley CA	94710-1437	Transaction ID : D710117 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 10 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		33928.20
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		
(V) TOTAL INSOPORACITE EXPONENTIALISM		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature	Date	

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FOR L	INE 24	OF FO	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New rep	oort Amends repo		M / D D / Y B Y B Y
Full Name of Payee	Memo It	em Date o	of Public Distribution/Dissemination
Autumn Press			02 10 7 2016
Mailing Address 945 Camelia St		Amour	nt
City State	Zip Code	— L.	3769.80
Berkeley CA			ction ID : D710118 of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		02 10 / 2016
Name of Federal Candidate	X Support	Office Sough	t: House District:00
BERNARD SANDERS	Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement 2016	t For:
Full Name of Payee	☐ Memo Ite		of Public Distribution/Dissemination
Michael Konopacki			02 10 2016
Mailing Address PO Box 1917		Amou	
City State	Zip Code		600.00
Madison WI	53701-1917		ction ID: D710119 of Disbursement or Obligation
Purpose of Expenditure Graphic Design for PAC	Category/ Type		02 10 2016
Name of Federal Candidate	Support	Office Sough	t: House District:00
Bernie Sanders	Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursemen 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			4369.80
			7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M M /	08 / 2016
Signature			

PAGE	72	OF	152	
FOR	LINE 24	OF	FORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼	
national Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
Full Name of Payee	Memo Ite	em Date of Public Distribution/Dissemination
Autumn Press		12 11 7 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	25132.06
Berkeley CA	94710-1437	Transaction ID : D710133 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 10 7 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	☐ Memo Ite	
Autumn Press	_ memorite	Date of Public Distribution/Dissemination 02 12 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	15079.20
Berkeley CA	94710-1437	Transaction ID : D710144 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 10 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	58589.55	Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature		

PAGE 73 OF 152 FOR LINE 24 OF FORM 3X				
EC IDENTIFICATION NUMBER ▼ C C00490375				
M / D = D / Y = Y = Y				
Public Distribution/Dissemination				
1 02 / 2016				
3935.43				
ion ID: D710145 Disbursement or Obligation				
2 12 2016				
House District: 00				
Senate State: DC				
For: X Primary General				
er (specify) ▶				
D 11: D: 11: 1: 1D: 1: 1:				

	AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection				C C00490375	
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee		Memo It	em	Date of Public Distribution/Dissemination	
California Nurses Association				01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 155 Grand Avenue				Amount	
City	State	Zip Code		3935.43	
Oakland	CA	94612		3933.43 Transaction ID : D710145	
Oakiailu	υ Λ	94012		Date of Disbursement or Obligation	
Purpose of Expenditure Printing		Category/ Type		02 12 2016	
Name of Federal Candidate		Support	Office	Sought: House District: 00	
Bernie Sanders		Oppose		President Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbur 2016	rsement For: X Primary General	
Per Election for Office Sought		707140.01		Other (specify) ▶	
Full Name of Payee		☐ Memo Ite	m	Date of Public Distribution/Dissemination	
California Nurses Associatio	n			02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 155 Grand Avenue				Amount	
O:4	Ctata	Zin Cada		12092 66	
City	State	Zip Code		12082.66	
Oakland	State CA	Zip Code 94612	-	12082.66 Transaction ID : D710146 Date of Disbursement or Obligation	
'		·		Transaction ID : D710146	
Oakland Purpose of Expenditure		94612 Category/ Type		Transaction ID : D710146 Date of Disbursement or Obligation 02	
Oakland Purpose of Expenditure Printing		94612 Category/	Office	Transaction ID : D710146 Date of Disbursement or Obligation 02	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders Calendar Year-To-Date		94612 Category/ Type Support Oppose	Office X	Transaction ID : D710146 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders		94612 Category/ Type Support	Office	Transaction ID : D710146 Date of Disbursement or Obligation M 02	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders Calendar Year-To-Date	CA	94612 Category/ Type Support Oppose 757143.91	Office	Transaction ID : D710146 Date of Disbursement or Obligation M	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Per Election for Office Sought	CA Expenditures	94612 Category/ Type Support Oppose 757143.91	Office Disbut 2016	Transaction ID: D710146 Date of Disbursement or Obligation M	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent (b) SUBTOTAL of Unitemized Independent	Expenditures	94612 Category/ Type Support Oppose 757143.91	Office Disburg 2016	Transaction ID: D710146 Date of Disbursement or Obligation M	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent	Expenditures	94612 Category/ Type Support Oppose 757143.91	Office Disburg 2016	Transaction ID: D710146 Date of Disbursement or Obligation M	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent (b) SUBTOTAL of Unitemized Independent (c) TOTAL Independent Expenditures	Expendituresent Expendituresen independent expenditures any candidate or authorized	94612 Category/ Type Support Oppose 757143.91 reported herein were	Office Disbur 2016	Transaction ID: D710146 Date of Disbursement or Obligation M	
Oakland Purpose of Expenditure Printing Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent (b) SUBTOTAL of Unitemized Independent (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the with, or at the request or suggestion of, a	Expenditures ent Expenditureser independent expenditures any candidate or authorized nittee or its agent.	94612 Category/ Type Support Oppose 757143.91 reported herein were	Office Disburg 2016 not mad f either,	Transaction ID: D710146 Date of Disbursement or Obligation M	

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	OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
inat	ional Nurses United for Patient Protection			C C0049037	5
Check	a if 24-hour report 48-hour report New report	ort Amends repo		M = M / D = D	/ Y = Y = Y
	ull Name of Payee	☐ Memo Ite	em Date	of Public Distributi	ion/Dissemination
	California Nurses Association		[02 / 11	2016
IVI	ailing Address 155 Grand Avenue		Amo	ount	
Ci	ity State	Zip Code	$-\Gamma$		100.00
	akland CA	94612		action ID : D71014 of Disbursement of	
	urpose of Expenditure Online Ad	Category/ Type] [02 / 12	2016
Na	ame of Federal Candidate	Support	Office Soug	ght: House	District: 00
В	ernie Sanders	Oppose	X Presid	dent Senate	State:DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disburseme	ent For:	ary General
	ull Name of Payee Michael Konopacki	☐ Memo Ite	m Date	e of Public Distribut	ion/Dissemination
M	lailing Address PO Box 1917		Amo	02 02	2016
С	ity State	Zip Code			600.00
Ν	Madison WI	53701-1917		saction ID : D71014 e of Disbursement of	
	urpose of Expenditure Cartoon	Category/ Type		02 / 12	2016
N	ame of Federal Candidate	Support	Office Soug	ght: House	District:00
В	Bernie Sanders	Oppose	X Presi	dent Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disburseme 2016	ent For: X Prim Other (specify) ▶ _	nary General
(a)	SUBTOTAL of Itemized Independent Expenditures		•	1 7 1 1 3	700.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		· -	-	7
(c)	TOTAL Independent Expenditures		• [7	7
with	der penalty of perjury I certify that the independent expenditures n, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.				
	Martha Kuhl [Electroni	ically Filed] Date	M M /		2016 Y
-	Signature				

PAGE		OF	152		
FOR LI		OF F	ORM 3X		
DENTIFICATION NUMBER ▼					

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	Amends report		M / D = D / Y = Y = Y
Full Name of Payee Erin L FitzGerald	Memo Iten	n Date o	f Public Distribution/Dissemination
			02 01 / 2016
Mailing Address 1028 Florida Street		Amoun	t
City State Zip	Code		4200.00
	590		tion ID: D710150 f Disbursement or Obligation
Purpose of Expenditure Video Production Ca	ategory/ Type		02 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought	: House District: 00
Bernie Sanders	Oppose	X Preside	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 75		Disbursement 2016 Otl	For:
Full Name of Payee	☐ Memo Item		f Public Distribution/Dissemination
California Nurses Association	_	M	02 12 2016
Mailing Address 155 Grand Avenue		Amour	
City State Zip	Code		50.00
Oakland CA 94	612		ction ID: D710195 f Disbursement or Obligation
Purpose of Expenditure Online Ad	ategory/ Type	М	02 16 2016
Name of Federal Candidate	Support	Office Sought	: House District:00
BERNARD SANDERS	Oppose	X Preside	nt Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement 2016 Ot	For:
(a) SUBTOTAL of Itemized Independent Expenditures		· [.	4250.00
(b) SUBTOTAL of Unitemized Independent Expenditures		.	7
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures represent, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.			
Martha Kuhl [Electronically	y Filed] Date	M M / 06	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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FOR LINE	24 OF	FORM 3X	

		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional Nuises Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		02 / 14 / 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710196 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 16 / Y Y Y Y Y
Name of Federal Candidate	Support 0	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
California Nurses Association		Date of Public Distribution/Dissemination 02 15 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID: D710197 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 16 / 2016
Name of Federal Candidate	Support (Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature		

PAGE	77 LINE 24	OF	152
FOR	LINE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
Full Name of Payee	Memo Ite	Date of Public Distribution/Dissemination
California Nurses Association		02
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710198 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: Primary General 2016
E. III Name of Davis	☐ Memo Ite	Other (specify)
Full Name of Payee California Nurses Association	Memories	Date of Public Distribution/Dissemination 02 16 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID: D710199 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	M
Signature		

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FEC IDENTIFICATION NUMBER ▼
C C00490375
of Public Distribution/Dissemination
int
50.00
oction ID : D710200 of Disbursement or Obligation
02 / 16 / 2016
nt: House District: 00
ent Senate State: NV
nt For: Primary General
of Public Distribution/Dissemination
02 16 2016
ınt
873.80
action ID : D710201 of Disbursement or Obligation
02 / 16 / 2016
nt: House District: 00
ent Senate State: DC
nt For: X Primary General
Other (specify)
923.80

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection C C00490375				
		0 000430373		
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee	Memo Ite	Date of Public Distribution/Dissemination		
California Nurses Association		02 16 2016		
Mailing Address 155 Grand Avenue		Amount		
		Amount		
City State	Zip Code	50.00		
Oakland CA	94612	Transaction ID: D710200 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	02 16 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
BERNARD SANDERS	Oppose	✓ ✓ President Senate State:		
Calendar Year-To-Date		Disbursement For: X Primary General		
Per Election for Office Sought	148607.61	Other (specify) ▶		
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination		
California Nurses Association		02 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	873.80 Transaction ID : D710201		
Oakland CA	94612	Date of Disbursement or Obligation		
Purpose of Expenditure Payroll Expense	Category/ Type	02 / 16 / 2016		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	✓ President		
Calendar Year-To-Date		Disbursement For: X Primary General		
Per Election for Office Sought	757143.91	2016 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures		923.80		
,,		7		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL ladarandest Funestii				
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electron	ically Filed]	06 08 2016		
Signature	Date	2010		

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FOR	LINE 24	OF I	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Fatient Flotection		C C00490375
Check if 24-hour report 48-hour report New report	rt Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		02 / 16 / 2016
155 Grand Avenue		Amount
City State Z	Zip Code	1886.85
	94612	Transaction ID : D710202 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense	Category/ Type	02 / 16 / 2016
Name of Federal Candidate	X Support 0	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
California Nurses Association	_ memo nem	Date of Public Distribution/Dissemination 02 17 2016
Mailing Address 155 Grand Avenue		Amount
City State 2	Zip Code	570.00
Oakland CA	94612	Transaction ID : D710464 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	02 18 2016
Name of Federal Candidate	Support (Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Martha Kuhl [Electronica	ally Filed] Date	06 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	24.0	

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
Mailing Addrocs		02 / 18 / 2016
155 Grand Avenue		Amount
City State	Zip Code	640.00
Oakland CA	94612	Transaction ID : D710465 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	02 18 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		02 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	320.00
Oakland CA	94612	Transaction ID: D710463 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	02 20 2016
Name of Federal Candidate	X Support (Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		02 23 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	50.00
Oakland CA 946	612	Transaction ID : D710467 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Ca	ategory/ Type	02 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	ice Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2	Dis 21347.52	sbursement For:
Full Name of Pouce	☐ Memo Item	
Full Name of Payee California Nurses Association	_ Memortem	Date of Public Distribution/Dissemination 02 21 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	75.00
	612	Transaction ID : D710472 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Ca	ategory/ Type	02 23 2016
Name of Federal Candidate	X Support Off	fice Sought: House District:00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 75		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		125.00
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically	y Filed] Date	06 08 2016
Signature	24.5	

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DENTIFICATION NUMBER ▼					
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			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Ite	em Date of	Public Distribution/Dissemination
Mailing Address			02 21 2016
155 Grand Avenue		Amoun	t
City State	Zip Code		100.00
Oakland CA	94612		tion ID: D710474 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type		02 / 23 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Ite		f Public Distribution/Dissemination
California Nurses Association	_	M	02 / 20 / 2016
Mailing Address 155 Grand Avenue		Amoun	
City State	Zip Code		100.00
Oakland CA	94612		tion ID : D710475 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	02 23 2016
Name of Federal Candidate	Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures		•	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c) TOTAL Independent Expenditures		•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M / 06	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		السا	

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	CHEDULE E (FEC Form 3X EMIZED INDEPENDENT EXPENDI				PAGE 83 OF 152 FOR LINE 24 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)				
	lational Nurses United for Pati	ent Protection			FEC IDENTIFICATION NUMBER ▼
					C C00490375
Ͻh	neck if 24-hour report 48-hour re	eport New repo	ort Amends repor	rt filed on	M = M / D = D / Y = Y = Y
1	Full Name of Payee		☐ Memo Ite	em Date	e of Public Distribution/Dissemination
	California Nurses Association				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 155 Grand Avenue			Amo	punt
	City	State	Zip Code	-	20.00
	Oakland	CA	94612		saction ID : D710476
			T		e of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type	$\exists \mid \mid$	02 / 23 / 2016
	Name of Federal Candidate		X Support	Office Sou	ght: House District: 00
	Bernie Sanders		Oppose	X Presi	
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburseme	ent For:
	Full Name of Payee		☐ Memo Iter		
	California Nurses Association			III Dau	e of Public Distribution/Dissemination 02 19 2016
	Mailing Address 155 Grand Avenue			Am	ount
	4			1	
	Oth.	Ctata	Zin Codo	-	200.00
	City Oakland	State CA	Zip Code 94612	Trans	200.00 saction ID : D710481
	Oakland		•		
	l '		•		saction ID : D710481
	Oakland Purpose of Expenditure		94612 Category/		saction ID : D710481 e of Disbursement or Obligation 02
	Oakland Purpose of Expenditure Online Ad		94612 Category/ Type	Date	saction ID : D710481 e of Disbursement or Obligation M M M OZ
	Oakland Purpose of Expenditure Online Ad Name of Federal Candidate		94612 Category/ Type Support	Office Sou	saction ID : D710481 e of Disbursement or Obligation M
	Oakland Purpose of Expenditure Online Ad Name of Federal Candidate Bernie Sanders Calendar Year-To-Date		94612 Category/ Type Support Oppose	Office Sou	saction ID : D710481 e of Disbursement or Obligation M 02
	Oakland Purpose of Expenditure Online Ad Name of Federal Candidate Bernie Sanders Calendar Year-To-Date	CA	Category/ Type Support Oppose 2840.00	Office Source Press Disburseme 2016	saction ID : D710481 e of Disbursement or Obligation M 02
	Oakland Purpose of Expenditure Online Ad Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Per Election for Office Sought	CA (xpenditures	Category/ Type Support Oppose 2840.00	Office Source Press Disbursem 2016	saction ID: D710481 e of Disbursement or Obligation M 02
	Oakland Purpose of Expenditure Online Ad Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent E	cxpenditurest Expenditures	Category/ Type Support Oppose 2840.00	Office Source Press Disbursem 2016	saction ID: D710481 e of Disbursement or Obligation M 02

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]	d) Date 06	06 /	08	2016
Signature					

PAGE		OF	152				
			ORM 3X				
DENTIFICATION NUMBER ▼							

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		F	FEC IDENTIFICATION NUMBER ▼
TVALIDITAL INUISES OFFICE TO FALLETT FTOLECTION			C C00490375
Check if 24-hour report 48-hour report New report	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee UE Western Regional Council	☐ Memo Ite	em Date of	Public Distribution/Dissemination
Mailing Address			02 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
37 South Ashland Ave		Amount	t
City State	Zip Code		100.00
Chicago	60607		tion ID: D710483 Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type		23 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
BERNARD SANDERS	Oppose	X Presider	nt Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	58589.55	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Ite		f Public Distribution/Dissemination
Autumn Press		M	02 24 2016
Mailing Address 945 Camelia St		Amoun	
City State	Zip Code		3052.32
Berkeley CA	94710-1437		tion ID : D710478 f Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M	02 / 24 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures		· [3152.32
(b) SUBTOTAL of Unitemized Independent Expenditures			7
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
Martha Kuhl [Electro	nically Filed] Date	M - M / 06	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

PAGE FOR L	85 OF	152 FORM 3X
DENTIFI	CATION NU	MBER ▼
C00490		MBER ▼

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Bus Bank	02 25 / Y Y Y Y
Mailing Address 820 West Jackson	Amount
Suite 815	
City State Zip Code	5784.47
	ransaction ID: D710479 Date of Disbursement or Obligation
Purpose of Expenditure Bus Tour Category/ Type	02 24 7 2016
Name of Federal Candidate Support Office S	Sought: House District: 00
Danie Candon	President Senate State: DC
	sement For: X Primary General
Per Election for Office Sought 757143.91 2016	Other (specify)
	Date of Public Distribution/Dissemination
California Nurses Association	02 24 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	100.00
California	ransaction ID : D710468 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Category/ Type	02 / 25 / 2016
Name of Federal Candidate Support Office S	Sought: House District: 00
<u> </u>	President Senate State: SC
	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	5884.47
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional rediscs office for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iter	m Date of Public Distribution/Dissemination
		02 / 24 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710469 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 25 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Autumn Press		Date of Public Distribution/Dissemination 02 25 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	1397.08
Berkeley CA	94710-1437	Transaction ID : D710470 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1447.08
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7 7
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature		

PAGE	87	OF	152 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

		TOTT LINE 24 OF TOTHW 5X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational ivurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends repor	t filed on Mam / Dad / Yayayay
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination
Autumn Press		02 25 / 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	530.39
Berkeley CA	94710-1437	Transaction ID : D710471 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 25 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement For:
Full Name of Payee	Memo Iter	
California Nurses Association	_ memoriter	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710477 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 25 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		630.39
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature	_ Date	

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	i filed on
Full Name of Payee Autumn Press	Memo Iter	m Date of Public Distribution/Dissemination
Mailing Addrass		02 / 26 / Y Y Y Y Y
945 Camelia St		Amount
City State	Zip Code	14692.42
Berkeley CA	94710-1437	Transaction ID : D710480 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
California Nurses Association		Date of Public Distribution/Dissernination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	250.00
Oakland CA	94612	Transaction ID : D710482 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 25 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature	Date	

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FOR LI	NE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	rt Amends report	filed on Man / Dan / Yayayay
Full Name of Payee	Memo Iter	m Date of Public Distribution/Dissemination
California Nurses Association		02 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State 2	Zip Code	20.00
	94612	Transaction ID : D710490 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
5 H.M. (12)	☐ Mama Itam	.
Full Name of Payee North Wood Advertising	∐ Memo Item	Date of Public Distribution/Dissemination 02 29 2016
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth		
City State 2	Zip Code	65353.00
	55402	Transaction ID: D710529 Date of Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	02 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	82078.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		65373.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	cally Filed] Date	06 08 2016
Signature	2410	

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EC ID	ENTIFICATION NUMBER ▼
	C00490375
M /	D = D / Y = Y = Y = Y
Public	: Distribution/Dissemination
M /	01 / 2016
on ID	200.00 : D710519
	rsement or Obligation
M /	01 2016
	House District: 00

NAME OF COMMITTEE (In Full)	<u> </u>			FEC IDE	NTIFICATION	ON NUMBER ▼
National Nurses United for Patient P	rotection			C co	0490375	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M /	D D /	YYYY
Full Name of Payee		☐ Memo Ite	em	Date of Public I	Distribution	/Dissemination
California Nurses Association Mailing Address 455 Count Avenue				03	01	2016
155 Grand Avenue				Amount		
City	State	Zip Code				200.00
Oakland	CA	94612		Fransaction ID: Date of Disburs		Obligation
Purpose of Expenditure Online Ad		Category/ Type		03	01	2016
Name of Federal Candidate		X Support	Office	Sought:	House	District: 00
Bernie Sanders		Oppose	X	President	Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought	7	757143.91	Disbu 2016	rsement For:	✓ Primary eifv) ►	General
Full Name of Payee		Memo Ite	m	Date of Public I		/Discomination
California Nurses Association		_ memo ne		Date of Public I	29	2016
Mailing Address 155 Grand Avenue				Amount		
						40.00
City Oakland	State CA	Zip Code 94612		Transaction ID : Date of Disburs		40.00
Purpose of Expenditure Online Ad		Category/ Type		M M / O3	01	2016
Name of Federal Candidate		Support	Office	Sought:	House	District: 00
Bernie Sanders		Oppose		President	Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbu 2016	rsement For:	Primary	General
(a) SUBTOTAL of Itemized Independent Expendit	ures		. •	7		240.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. ▶	-	-	
(c) TOTAL Independent Expenditures			•		-	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized					
Martha Kuhl	[Electroni	ically Filed] Date	, M	M / D D D D D D D D D D D D D D D D D D	/ Y Y 201	6 Y
Signature						

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FOR L	.INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Iter	Date of Public Distribution/Dissemination
Mailing Address 455 Crond Avenue		02 / 29 / 2016
155 Grand Avenue		Amount
City State	Zip Code	25.00
Oakland CA	94612	Transaction ID : D710521 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016 Cher (specify)
	☐ Memo Item	Other (specify) -
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination 02 29 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	25.00
Oakland CA	94612	Transaction ID : D710522 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		50.00
(b) SURTOTAL of Uniterpized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination
California Nurses Association		02 29 7 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID: D710523 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 01 7 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	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 Dayse	☐ Memo Iter	
Full Name of Payee California Nurses Association	_ Memories	Date of Public Distribution/Dissemination 02 02 02 02 03
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	300.00
Oakland CA	94612	Transaction ID : D710524 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	ically Filed] Date	M
Signature		

	age# 201606089017489866	W			
	CHEDULE E (FEC Form 3) EMIZED INDEPENDENT EXPEND	•			PAGE 93 OF 152 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
N	National Nurses United for Pa	itient Protection			C C00490375
Ch	neck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed	d on Mam / Dab / Yayayay
	Full Name of Payee California Nurses Association		☐ Memo It	tem	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 29 29 2016
	Mailing Address 155 Grand Avenue				Amount 29 2016
	City	State	Zip Code		100.00
	Oakland	CA	94612		Transaction ID : D710525 Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type		03 01 2016
	Name of Federal Candidate		Support	Offic	e Sought: House District:00
	Bernie Sanders		Oppose		President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbu 2016	ursement For: X Primary General Other (specify) ▶
	Full Name of Payee California Nurses Association	n	☐ Memo Ite	em	Date of Public Distribution/Dissemination 02 29 2016
	Mailing Address 155 Grand Avenue				Amount
	City	State	Zip Code		100.00
	Oakland	CA	94612		Transaction ID : D710526 Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type		03 / 01 / 2016
	Name of Federal Candidate		Support	Offic	ee Sought: House District: 00
	Bernie Sanders		Oppose		President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbi 2016	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent	Expenditures		··· >	200.00
	(b) SUBTOTAL of Unitemized Independent	ent 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 /	08	/ Y	2016	
Signature							

			BER ▼
FOR I	INF 24	OF FO	ORM 3X
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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	i filed on
Full Name of Payee	Memo Iter	m Date of Public Distribution/Dissemination
Alliance Graphics Mailing Address 4404 9th Street		02 / 29 / 2016
1101 8th Street		Amount
City State	Zip Code	1931.74
Berkeley CA	94710	Transaction ID : D710527 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
Autumn Press		02 29 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	11097.54
Berkeley CA	94710-1437	Transaction ID : D710528 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 01 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		13029.28
(b) CURTOTAL of United in address death For an distance		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature		

PAGE		OF	
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	t Amends report fi	led on Man / Dad / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Campaign Workshop Mailing Address 4420 20th Street Street 200		11 09 / Y Y Y Y
1129 20th Street, Suite 200		Amount
City State Z	Zip Code	750.00
	20036	Transaction ID : D710532 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 01 7 2016
Name of Federal Candidate	X Support Of	fice Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Campaign Workshop		12 15 2015
Mailing Address 1129 20th Street, Suite 200		Amount
City State Z	Zip Code	300.00
	20036	Transaction ID : D710533 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	X Support O	ffice Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(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 rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Martha Kuhl [Electronica	ally Filed] Date	M
Signature	24.0	

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FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends	report filed on/////
	no Item Date of Public Distribution/Dissemination
Campaign Workshop	01 07 7 2016
Mailing Address 1129 20th Street, Suite 200	Amount
City State Zip Code	655.65
Washington DC 20036	Transaction ID : D710534 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	03 01 7 2016
Name of Federal Candidate Support	rt Office Sought: House District:00
BERNARD SANDERS Oppos	
Calendar Year-To-Date Per Election for Office Sought 98103.35	Disbursement For:
Full Name of Payee	
Campaign Workshop	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1129 20th Street, Suite 200	Amount
City State Zip Code	300.00
Washington DC 20036	Transaction ID : D710535 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	03 01 2016
Name of Federal Candidate Suppo	rt Office Sought: House District: 00
BERNARD SANDERS Oppos	NIV/
Calendar Year-To-Date Per Election for Office Sought 148607.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	955.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	······ >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 06 08 2016
Signature	

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FOR I	LINE 24	OF I	152 FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Campaign Workshop Mailing Address 4420 20th Street Suits 200		01 / 07 / 2016
1129 20th Street, Suite 200		Amount
City State	Zip Code	677.55
Washington DC	20036	Transaction ID : D710536 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	X Support (Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Campaign Workshop		Date of Public Distribution/Dissernination 02 08 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State	Zip Code	84.55
Washington DC	20036	Transaction ID : D710537 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	nically Filed] Date	06 08 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature		

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Campaign Workshop	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		02 / 12 / 2016
1129 20th Street, Suite 200		Amount
City State	Zip Code	8513.70
Washington DC	20036	Transaction ID : D710538 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 01 7 2016
Name of Federal Candidate	X Support (Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (appoint)
	Memo Item	Other (specify)
Full Name of Payee California Nurses Association	☐ Memo item	Date of Public Distribution/Dissemination 03 01 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710540 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 02 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		8563.70
(b) OUDTOTAL of the borning of the decrease death. For each discuss		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	nically Filed] Date	06 08 2016
Signature		

	age# 201606089017489872					
	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITU	IDEC			2.05 00	05 450
116	MIZED INDEPENDENT EXPENDITO	IKES			PAGE 99 FOR LINE	OF 152 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATI	
N	ational Nurses United for Patier	nt Protection			C C00490375	
Ch	eck if 24-hour report 48-hour repo	rt New repo	ort Amends repo	ort filed on	M = M / D = D /	Y I Y I Y I Y
	Full Name of Payee		☐ Memo It	em Da	ate of Public Distribution	/Dissemination
	California Nurses Association				03 / D D /	2016
	Mailing Address				03 01	2016
	155 Grand Avenue			Ar	mount	
	City	State	Zip Code	— г		50.00
	Oakland	CA	94612	Tra	insaction ID : D710541	00.00
				Da	ate of Disbursement or	Obligation
	Purpose of Expenditure Online Ad		Category/ Type		03 / 02 /	2016
	Name of Federal Candidate		Cumant	Office So	ought: House	District: 00
	Bernie Sanders		Support Oppose		esident Senate	State: WA
	Calendar Year-To-Date Per Election for Office Sought		82078.00	Disburser 2016	ment For:	y General
	Full Name of Payee		☐ Memo Ite	em Da	ate of Public Distribution	n/Dissemination
	Erin L FitzGerald				M M / D D /	YYYYY
	Mailing Address				02 27	2016
	1028 Florida Street			1A	mount	
	City	State	Zip Code	— I		5500.00
	Vallejo	CA	94590		ansaction ID : D710542	
	Purpose of Expenditure			Da	ate of Disbursement or	
	Video Production		Category/ Type		03 / 02	2016
	Name of Federal Candidate		Support	Office Sc	ought: House	District:00
	Bernie Sanders		Oppose	X Pre	esident Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburser 2016	ment For:	y General
	(a) SUBTOTAL of Itemized Independent Expe	anditures		, г		5550.00
	(a) SOBIOTAL OF REMIZED INDEPENDENT EXPE			. •		5550.00
	(b) SUBTOTAL of Unitemized Independent E	xpenditures			1 1 2 1 1 2	

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.

(c) TOTAL Independent Expenditures.....

Martha Kuhl	[Electronically Filed]	Date	06 /	08	/	2016
Signature						

PAGE 100 OF 152 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00490375
/ D = D / Y = Y = Y
ublic Distribution/Dissemination
/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
50.00 n ID : D710610 isbursement or Obligation
/ D D / Y Y Y Y Y Y 2016

			TOTT LINE 24 OF TOTTIVE 3X
NAME OF COMMITTEE (In Full)	ion Dationt Duct		FEC IDENTIFICATION NUMBER ▼
National Nurses United f	or Patient Protection		C C00490375
Check if 24-hour report	48-hour report New re	port Amends repo	ort filed on
Full Name of Payee		☐ Memo Ite	Date of Public Distribution/Dissemination
California Nurses Associa			03 / 02 / 2016
155 Grand Ave	enue		Amount
City	State	Zip Code	50.00
Oakland	CA	94612	Transaction ID : D710610 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type	03 / 03 / 2016
Name of Federal Candidate		X Support	Office Sought: House District: 00
Bernie Sanders		Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sou	ght	757143.91	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Days		☐ Memo Ite	
Full Name of Payee California Nurses Asso	ociation	☐ Memorite	Date of Public Distribution/Dissemination 03 02 2016
Mailing Address 155 Grand Ave	enue		Amount
City	State	Zip Code	12082.66
Oakland	CA	94612	Transaction ID : D710611 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	03 / 03 / 2016
Name of Federal Candidate		X Support	Office Sought: House District: 00
Bernie Sanders		Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sou	ght	757143.91	Disbursement For:
(b) SUBTOTAL of Uniternized Inc.	dependent Expendituresdependent Expenditures		
. , , , , ,	tion of, any candidate or authorize	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Martha Kuhl	[Electro	nically Filed] Date	a 06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			·

PAGE 101 OF 152 FOR LINE 24 OF FORM 3X
EC IDENTIFICATION NUMBER ▼
C00490375
M / D = D / Y = Y = Y
Public Distribution/Dissemination
M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
436.90
on ID: D710612 Disbursement or Obligation
3 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
House District: 00
Senate State: DC
- V D:

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patier	nt Protection			FEC IDENTIFICATION NUMBER ▼
rvational rvuises offited for Fatter	it i iotection			C C00490375
Check if 24-hour report 48-hour report	nrt New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo Ite	em Date	of Public Distribution/Dissemination
California Nurses Association			[03
Mailing Address 155 Grand Avenue			Amo	unt
City	State	Zip Code		436.90
Oakland	CA	94612		action ID : D710612 of Disbursement or Obligation
Purpose of Expenditure Payroll Expense		Category/ Type		03 / 03 / 2016
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Bernie Sanders		Oppose	X Presi	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburseme	ent For:
Full Name of Payee		☐ Memo Ite		e of Public Distribution/Dissemination
California Nurses Association			Date	03 06 2016
Mailing Address 155 Grand Avenue			Amo	
City	State	Zip Code	-	943.42
Oakland	CA	94612		saction ID : D710613 e of Disbursement or Obligation
Purpose of Expenditure Payroll Expense		Category/ Type		03 / O3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Bernie Sanders		Oppose	X Presi	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburseme 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenses	enditures			1380.32
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· • [1 1/2 1 1 1/2 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Martha Kuhl	[Electron	ically Filed] Date	M M M /	08 2016
Signature		_ Date		

PAGE	102	OF	152 DRM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational nurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	t Amends report	t filed on Man / Dad / Yayayay
Full Name of Payee	Memo Iter	m Date of Public Distribution/Dissemination
California Nurses Association		03 02 7 2016
Mailing Address 155 Grand Avenue		Amount
City State Z	Zip Code	50.00
	94612	Transaction ID : D710614 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 03 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State:IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
National Nurses United		03 03 2016
Mailing Address 155 Grand Avenue		Amount
City State Z	Zip Code	30228.00
	94612	Transaction ID : D710618 Date of Disbursement or Obligation
Purpose of Expenditure Media Time Buy	Category/ Type	03 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		30278.00
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Martha Kuhl [Electronica	ally Filed] Date	06
Signature		

NAME OF COMMITTEE (In Full)

Check if

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

(c) TOTAL Independent Expenditures.....

MIZED INDEPENDENT EXPENDITUR	ES				GE 103 OF 1	152 RM 3X
TE OF COMMITTEE (In Full)					IFICATION NUMBI	
ational Nurses United for Patient	Protection				190375	
ck if 24-hour report 48-hour report	New I	report Amends repo	ort filed on	M = M / D	D / Y = Y = Y	Y
Full Name of Payee National Nurses United		☐ Memo l	tem Date		etribution/Disseminal	YY
Mailing Address 155 Grand Avenue			Amo			
Dity	State	Zip Code	-		1250.0	00
Dakland	CA	94612		saction ID : D7 e of Disbursen	710619 nent or Obligation	
Purpose of Expenditure Media Time Buy		Category/ Type		03	03 / 2016	
Name of Federal Candidate		X Support	Office Sou	ght: H	ouse District:	00
Bernie Sanders		Oppose	X Presi	ident S	enate State:	DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburseme 2016	ent For: X	,	eneral
Full Name of Payee Postal Systems, Inc.		☐ Memo Ite	em Date		stribution/Dissemina 09 2016	Y Y
Mailing Address 1890 North Blvd.			Amo	ount		
City	State	Zip Code			1424.5	50
San Leandro	CA	94577		saction ID : D'e of Disbursen	710673 nent or Obligation	
Purpose of Expenditure Postage		Category/ Type		03	03 / 2010	
Name of Federal Candidate		X Support	Office Sou	ght: H	louse District:	00
BERNARD SANDERS		Oppose	X Pres		Chaic State. —	NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursem 2016	ent For: X		eneral
a) SUBTOTAL of Itemized Independent Expend	lituroo				2674.50	0

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] 06 08 2016 Date Signature

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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:

PAGE	105	OF	152
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) Notice of Name of Name of Indian Deticate District Dis			
National Nurses United for Patient Protection C C00490375			
Check if 24-hour report 48-hour report New report	port Amends report f	iled on / / / / /	
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination	
		03 04 7 2016	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	87.20	
Oakland CA	94612	Transaction ID: D712350 Date of Disbursement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	03 / 03 / 2016	
Name of Federal Candidate	X Support O	ffice Sought: House District:00	
Bernie Sanders	Oppose	President Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ►	
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination	
California Nurses Association		03 03 2016	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	43.60	
Oakland CA	94612	Transaction ID : D712395 Date of Disbursement or Obligation	
Purpose of Expenditure Equipment Expense	Category/ Type	03 / 03 / 2016	
Name of Federal Candidate	Support O	Office Sought: House District:00	
BERNARD SANDERS		President Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		isbursement For:	
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
Martha Kuhl [Electro	nically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

PAGE	106	OF	152 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Netional Nursea Lighted for Detions Dratection		
National Nurses United for Patient Protection	C C00490375	
Check if 24-hour report 48-hour report New report	Amends report f	iled on M / D D / Y Y Y Y Y
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		03 03 / 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip C	ode	30.00
Oakland CA 9461.	2	Transaction ID: D710633 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Cate	egory/ Type	03
Name of Federal Candidate	X Support O	ffice Sought: House District: 00
Bernie Sanders		President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
	Memo Item	
Full Name of Payee Alliance Graphics	Memoricin	Date of Public Distribution/Dissemination 03 04 2016
Mailing Address 1101 8th Street		Amount
City State Zip C	code	3560.58
Berkeley CA 9471	0	Transaction ID : D710634 Date of Disbursement or Obligation
Purpose of Expenditure Printing Cate	egory/ Type	03 04 2016
Name of Federal Candidate	Support O	ffice Sought: House District:00
Bernie Sanders	• •	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 757		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		3590.58
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically F	Filed] Date	06 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	24.5	

	PAGE	107			
	FOR L	INE 24	OF FO	ORM 3X	
DENTIFICATION NUMBER ▼					

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Number V			
National Nurses United for Patient Protection C C00490375			
Check if 24-hour report 48-hour report New	w report Amends report	filed on M M / D D / Y Y Y Y Y	
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination	
Autumn Press Mailing Address OAE Complia St		03 / 04 / 2016	
945 Camelia St		Amount	
City State	Zip Code	570.83	
Berkeley CA	94710-1437	Transaction ID : D710635 Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	03 / 04 / 2016	
Name of Federal Candidate	X Support C	Office Sought: House District: 00	
BERNARD SANDERS	Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination	
Flysigns Aerial Advertising, LLC		Date of Public Distribution/Dissernination 03	
Mailing Address 40944 Calle Santa Cruz		Amount	
City State	Zip Code	2340.00	
Indio CA	92203-7487	Transaction ID : D710636 Date of Disbursement or Obligation	
Purpose of Expenditure Advertising	Category/ Type	03 / 04 / 2016	
Name of Federal Candidate	X Support	Office Sought: House District:00	
Bernie Sanders	Oppose	President Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		2910.83	
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.			
Martha Kuhl [Ele	ectronically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

PAGE	108	OF	152 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		TOTT LINE 24 OF TOTAL 3X	
NAME OF COMMITTEE (In Full) National Number ▼			
National Nurses United for Patient Protection C C00490375			
Check if 24-hour report 48-hour report New rep	ort Amends report	filed on M = M / D = D / Y = Y = Y	
Full Name of Payee North Wood Advertising	☐ Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 4004 Fifteen Building		03 / 04 / Y Y Y Y Y	
1201 Fifteen Building		Amount	
15 South Fifth			
City State	Zip Code	190000.00	
Minneapolis MN	55402	Transaction ID: D712314 Date of Disbursement or Obligation	
Purpose of Expenditure Radio	Category/ Type	03 / 04 / 2016	
Name of Federal Candidate	Support (Office Sought: House District: 00	
Bernie Sanders	Oppose	Tiodoc Biotriot.	
		President State State.	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination	
California Nurses Association		03 04 2016	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	50.00	
Oakland CA	94612	Transaction ID : D710654 Date of Disbursement or Obligation	
Purpose of Expenditure	Category/	Mam / Dab / Yayayay	
Online Ad	Type	03 07 2016	
Name of Federal Candidate	X Support	Office Sought: House District: 00	
Bernie Sanders	Oppose	President Senate State: DC	
Calendar Year-To-Date		Disbursement For: X Primary General	
Per Election for Office Sought	707140.01	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures		190050.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016	
Signature	Date		

PAGE 109 OF 152 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
/ D D / Y T Y T Y
Public Distribution/Dissemination
04 / 2016
100.00
on ID : D710655 Disbursement or Obligation
07 / 2016
House District:00

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	. Dante di			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection				C C00490375
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo It	em Da	te of Public Distribution/Dissemination
California Nurses Association				03 / 04 / 2016
Mailing Address 155 Grand Avenue			Am	nount
City	State	Zip Code	-	100.00
Oakland	CA	94612		nsaction ID : D710655 te of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		03 07 7 2016
Name of Federal Candidate		Support	Office Soi	ught: House District: 00
Bernie Sanders		Oppose	X Pre	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursen 2016	1
				Other (specify)
Full Name of Payee California Nurses Association		☐ Memo Ite	m Da	ate of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Λ.	03 13 2016
			All	nount
City	State	Zip Code		436.90
Oakland	CA	94612		nsaction ID : D710656 ate of Disbursement or Obligation
Purpose of Expenditure Payroll Expense		Category/ Type		03 / 07 / 2016
Name of Federal Candidate		X Support	Office So	ught: House District:00
Bernie Sanders		Oppose	X Pre	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburser 2016	
				Other (specify) -
(a) SUBTOTAL of Itemized Independent Exper	nditures			536.90
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
			_	4 4
(c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Martha Kuhl	[Electron	ically Filed] Date	M M M	08 2016
Signature	_	_ Date		

PAGE		OF	152
FOR I	LINE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375	
Check if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
Full Name of Payee	Memo Ite	Date of Public Distribution/Dissemination
California Nurses Association		03 13 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	943.43
Oakland CA	94612	Transaction ID : D710657 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense	Category/ Type	03 07 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
Full Name of Payee	☐ Memo Ite	
California Nurses Association	Memories	Date of Public Distribution/Dissemination 03 07 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710676 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1043.43
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	M
Signature		

PAGE	111	OF	152
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375	
Check if 24-hour report 48-hour report New report	t Amends report	filed on Man / Dan / Yayayay
Full Name of Payee	Memo Iter	m Date of Public Distribution/Dissemination
California Nurses Association		03 / 08 / 2016
Mailing Address 155 Grand Avenue		Amount
City State Z	Zip Code	60.00
Oakland CA 9	94612	Transaction ID : D710677 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payer	☐ Memo Item	.
Full Name of Payee California Nurses Association	_ Memorien	Date of Public Distribution/Dissemination 03 08 2016
Mailing Address 155 Grand Avenue		Amount
City State Z	Zip Code	50.00
Oakland CA S	94612	Transaction ID : D710679 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	2840.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		110.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Martha Kuhl [Electronica	ally Filed] Date	06 08 2016
Signature	2410	

PAGE	112	OF	152 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iter	m Date of Public Distribution/Dissemination
Mailing Address 455 Crond Avenue		03 / 08 / 2016
155 Grand Avenue		Amount
City State	Zip Code	250.00
Oakland CA	94612	Transaction ID : D710680 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
California Nurses Association		Date of Public Distribution/Dissemination 03 08 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	30.00
Oakland CA	94612	Transaction ID : D710681 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	32655.37	Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avenue		03 / 09 / 2016
155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710678 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 10 2016
Name of Federal Candidate	X Support (Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
	☐ Memo Item	
Full Name of Payee California Nurses Association	_ Memoriem	Date of Public Distribution/Dissemination 03 09 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710682 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 10 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	06 08 2016
Signature	Bate	

PAGE	E 11	4	OF	=	152	
FOR	LINE	24	OF	FO	RM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Naises Office for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Memo Iter	n Date of Public Distribution/Dissemination
California Nurses Association		03 / 09 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710683 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 10 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Autumn Press	_ Memorien	Date of Public Distribution/Dissemination 03 09 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	4155.00
Berkeley CA	94710-1437	Transaction ID: D710687 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 / 10 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		4205.00
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	11	5	OF	=	152	
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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Netion of Name of Alleria of the Detional Direct estimates				
National Nurses United for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New re	port Amends report	filed on Mam / Dad / Yayayay		
Full Name of Payee Outfront Media	☐ Memo Iten	Date of Public Distribution/Dissemination		
Mailing Address		03 / 28 / 2016		
185 US Highway 46		Amount		
City State	Zip Code	117231.25		
Fairfield NJ	07004	Transaction ID : D711251 Date of Disbursement or Obligation		
Purpose of Expenditure Print Advertising	Category/ Type	03 10 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	Memo Item			
California Nurses Association		Date of Public Distribution/Dissemination 03 10 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	200.00		
Oakland CA	94612	Transaction ID : D710684 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	03 / 11 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		117431.25		
(b) SUBTOTAL of Unitemized Independent Expenditures		·		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	onically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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			FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Number ■ FEC IDENTIFICATION NUMBER ■				
National Nurses United for Patient Protection			C C00490375	
Check if 24-hour report 48-hour report New report	rt Amends repor	t filed on	M / D = D / Y = Y = Y	
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of	Public Distribution/Dissemination	
		O	3 / 10 / 2016	
Mailing Address 155 Grand Avenue		Amount		
City State Z	Zip Code		40.00	
Oakland CA S	94612		cion ID : D710685 Disbursement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	0	3 / 11 / 2016	
Name of Federal Candidate	X Support	Office Sought:	House District:00	
BERNARD SANDERS	Oppose	X Presiden	Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement 2016 Oth	For:	
Full Name of Payee	☐ Memo Iter		Public Distribution/Dissemination	
California Nurses Association		M	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 155 Grand Avenue		Amount		
City State Z	Zip Code		164.86	
	94612	1	tion ID : D710686 Disbursement or Obligation	
Purpose of Expenditure Site Rental	Category/ Type	M	03 / 11 / 2016	
Name of Federal Candidate	Support	Office Sought:	House District:00	
BERNARD SANDERS	Oppose	X Presider	nt Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement 2016 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expenditures		· []	204.86	
(b) SUBTOTAL of Unitemized Independent Expenditures		· []	7- 17- 17-	
(c) TOTAL Independent Expenditures		•	7	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.				
Martha Kuhl [Electronica	ally Filed] Date	M / 06	08 2016	
Signature	Date			

PAGE	117 LINE 24	OF	152
FOR	LINE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **TOTAL COMMITTEE** **TOTAL CO				
C C00490375				
Check if 24-hour report 48-hour report New report	Amends report	filed on Mam / Dad / Yayayay		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
ELead Resources		03 11 2016		
Mailing Address 314 W Superior St		Amount		
City State Zi	ip Code	1636.62		
	0654	Transaction ID : D710688 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	03 / 11 / 2016		
Name of Federal Candidate	X Support C	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:		
Full Name of Payee	Memo Item			
Erin L FitzGerald	ee item	Date of Public Distribution/Dissemination 03 10 2016		
Mailing Address 1028 Florida Street		Amount		
City State Zi	ip Code	1050.00		
Vallejo CA 9	94590	Transaction ID: D710689 Date of Disbursement or Obligation		
Purpose of Expenditure Video Production	Category/ Type	03 / 11 / 2016		
Name of Federal Candidate	X Support C	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: Primary General 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 re with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.				
Martha Kuhl [Electronica	dly Filed] Date	06 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature	24.0			

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report New report	rt Amends report	filed on//		
Full Name of Payee	☐ Memo Iten	Date of Public Distribution/Dissemination		
Javier Moreno Polllaroio		02 12 2016		
Mailing Address 1521 3rd Ave		Amount		
City State Z	Zip Code	63.44		
	94606	Transaction ID : D710690 Date of Disbursement or Obligation		
Purpose of Expenditure Translation Services	Category/ Type	03 / 11 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payer	☐ Memo Item			
Full Name of Payee California Nurses Association	wemo tem	Date of Public Distribution/Dissemination 03 12 2016		
Mailing Address 155 Grand Avenue		Amount		
City State 2	Zip Code	150.00		
Oakland CA	94612	Transaction ID : D710702 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	03 / D14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District:00		
BERNARD SANDERS	Oppose	President Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		213.44		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.				
Martha Kuhl [Electronica	ally Filed] Date	06 08 2016		
Signature	24.0			

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FOR L	INE 24	OF	FORM 3X	

		TOTT LINE 24 OF TOTAL 3X		
NAME OF COMMITTEE (In Full) Nation of Name of Light of for Detical Protection				
National Nurses United for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New repo	rt Amends report fi	led on Man / Dab / Yayayay		
Full Name of Payee Bus Bank	Memo Item	Date of Public Distribution/Dissemination		
Mailing Address		M 03 / 16 / Y 2016		
820 West Jackson		Amount		
Suite 815 City State	Zip Code	65600.00		
City State Chicago IL	60607	Transaction ID : D710703 Date of Disbursement or Obligation		
Purpose of Expenditure Bus tour expense	Category/ Type	03 / 14 / 2016		
Name of Federal Candidate	X Support Of	fice Sought: House District: 00		
Bernie Sanders		President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		sbursement For:		
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination		
Erin L FitzGerald		03 14 2016		
Mailing Address 1028 Florida Street		Amount		
City State	Zip Code	1200.00		
Vallejo CA	94590	Transaction ID : D710704 Date of Disbursement or Obligation		
Purpose of Expenditure Video Production	Category/ Type	03 / 14 / 2016		
Name of Federal Candidate	Support O	ffice Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		isbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		66800.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	······			
(c) TOTAL Independent Expenditures	·······			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•			
Martha Kuhl [Electronia	cally Filed] Date	M / D 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature	Date	التتا لتا ال		

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Detiont Protection					
National Nurses United for Patient Protection C C00490375					
Check if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on	/ / D = D / Y = Y = Y = Y		
Full Name of Payee Autumn Press	☐ Memo Ite	Date of F	Public Distribution/Dissemination		
		M 03			
Mailing Address 945 Camelia St		Amount			
City State	Zip Code		2443.45		
Berkeley CA	94710-1437		on ID: D710705 Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	03			
Name of Federal Candidate	X Support	Office Sought:	House District:00		
Bernie Sanders	Oppose	X President	Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement Fe 2016 Othe	or:		
Full Name of Payee	☐ Memo Ite		Public Distribution/Dissemination		
Autumn Press		M 11	M / D D / Y Y Y Y		
Mailing Address 945 Camelia St		Amount			
City State	Zip Code		569.88		
Berkeley CA	94710-1437		on ID: D710706 Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	M 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought:	House District:00		
Bernie Sanders	Oppose	X President	Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement F 2016 Othe	or:		
(a) SUBTOTAL of Itemized Independent Expenditures		.	3013.33		
(b) SUBTOTAL of Unitemized Independent Expenditures		·			
(c) TOTAL Independent Expenditures		·	7 1 7 1 2		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
Martha Kuhl [Electron	nically Filed] Date	M M / D	08 2016		
Signature					

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
National Nurses Officed for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New re	port Amends report	i filed on		
Full Name of Payee Autumn Press	Memo Ite	m Date of Public Distribution/Dissemination		
Mailing Address		03 / 14 / 2016		
945 Camelia St		Amount		
City State	Zip Code	2274.84		
Berkeley CA	94710-1437	Transaction ID : D710707 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Iten			
Javier Moreno Polllaroio		03 28 2016		
Mailing Address 1521 3rd Ave		Amount		
City State	Zip Code	20.00		
Oakland CA	94606	Transaction ID : D711406 Date of Disbursement or Obligation		
Purpose of Expenditure Translation Services	Category/ Type	03 / 14 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		2294.84		
(b) SUBTOTAL of Unitemized Independent Expenditures				
		7 7		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	nically Filed] Date	06 08 7 2016		
Signature				

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on	M / D D / Y Y Y Y Y
Full Name of Payee Javier Moreno Polllaroio	☐ Memo Ite	Date of	Public Distribution/Dissemination
Mailing Address		O;	
1521 3rd Ave		Amount	
City State	Zip Code		20.00
Oakland CA	94606		ion ID: D711407 Disbursement or Obligation
Purpose of Expenditure Translation Services	Category/ Type	M 03	
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X President	t Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement F	For:
Full Name of Payee	☐ Memo Iter		Public Distribution/Dissemination
California Nurses Association		М	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code		100.00
Oakland CA	94612		ion ID: D710711 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M 0	15 / 2016
Name of Federal Candidate	Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presiden	t Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement I	
(a) SUBTOTAL of Itemized Independent Expenditures		.	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures		·	7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electroni	ically Filed] Date	M M / 06	08 / 2016
Signature			

PAGE	123	OF	-
FOR L	NE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIONAL INVISES ONICEU IOI FALIENI PIOLECTION		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Iter	
Mailing Address 455 Crand Avenue		03 / 14 / 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710713 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 15 / 2016
Name of Federal Candidate	Support 0	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
California Nurses Association	_ Memoriem	Date of Public Distribution/Dissemination 03 14 2016
Mailing Address 155 Grand Avenue		Amount 2010
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710714 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 15 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report f	iled on
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		03 14 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	150.00
Oakland CA 946	612	Transaction ID : D710715 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Ca	tegory/ Type	03 15 2016
Name of Federal Candidate	Support O	ffice Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 58		isbursement For:
Full Name of Payee	Memo Item	
California Nurses Association	_ memo item	Date of Public Distribution/Dissemination 04 09 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	3854.00
Oakland CA 946	612	Transaction ID : D712354 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ca	tegory/ Type	03 / 15 / 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: WY
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		4004.00
	·	
(b) SUBTOTAL of Unitemized Independent Expenditures)	7 7 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Martha Kuhl [Electronically	Filed] Date	06 08 2016
Signature	24.0	

PAGE 1	25 E 24 (152 RM 3X
DENTIFICA	ATION	NUME	BER ▼

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C	C00490375
Check if 24-hour report 48-hour report New report	rt Amends report	filed on	/ D = D / Y = Y = Y
Full Name of Payee	Memo Iter	Date of P	Public Distribution/Dissemination
California Nurses Association		03	14 / 2016
Mailing Address 155 Grand Avenue		Amount	
City State 2	Zip Code		75.00
	94612		on ID: D712396 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03	15 / 2016
Name of Federal Candidate	Support	Office Sought:	House District:00
BERNARD SANDERS	Oppose	President	Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement Fo	
Full Name of Power	Memo Item		r (specify) -
Full Name of Payee North Wood Advertising	□ Memortem	Date of F	
Mailing Address 1201 Fifteen Building		Amount	20 2010
15 South Fifth			
City State	Zip Code		12020.00
	55402		on ID : D712558 Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	03	15 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
BERNARD SANDERS	Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement Fo	
		Otne	r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		>	12095.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·	7 1 7 1 7 1
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M / D	08 2016
Signature	Date		

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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:

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FOR	LINE 2	4 OF I	FORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		F	FEC IDENTIFICATION NUMBER ▼
ivational nurses officed for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee North Wood Advertising	☐ Memo Ite	em Date of	Public Distribution/Dissemination
		O	03
Mailing Address 1201 Fifteen Building		Amount	<u> </u>
15 South Fifth			
City State Minneapolis MN	Zip Code 55402		23500.00 tion ID : D712559 Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	M	
Name of Federal Candidate	Support	Office Sought:	House District:00
BERNARD SANDERS	Oppose	X Presiden	
Calendar Year-To-Date Per Election for Office Sought	23530.00	Disbursement 2016	For:
Full Name of Payee	☐ Memo Ite		Public Distribution/Dissemination
North Wood Advertising		Date of)3 26 2016
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount	
City State	Zip Code		16650.00
Minneapolis MN	55402		tion ID : D712560 Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	М	03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	82078.00	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures			40150.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M M / 06	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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

PAGE 129 OF 152 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00490375
/ D D / Y D Y D Y
Public Distribution/Dissemination
25 / 2016
30.00
on ID : D712561 Disbursement or Obligation
15 / 2016
House District: 00

NAME OF COMMITTEE (In Full)	1.5			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Pati	ent Protection			C C00490375
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	_	☐ Memo It	em	Date of Public Distribution/Dissemination
North Wood Advertising				03 / 25 / 2016
Mailing Address 1201 Fifteen Building				Amount
15 South Fifth				
City	State	Zip Code		30.00
Minneapolis	MN	55402		Transaction ID : D712561 Date of Disbursement or Obligation
Purpose of Expenditure Radio		Category/ Type		03 / 15 / 2016
Name of Federal Candidate		X Support	Office	Sought: House District: 00
BERNARD SANDERS		Oppose	X	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		12050.00	Disbu 2016	rsement For:
Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
North Wood Advertising		_ memo ne		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building				Amount
15 South Fifth				Autodit
City	State	Zip Code		25438.44
Minneapolis	MN	55402		Transaction ID : D712562 Date of Disbursement or Obligation
Purpose of Expenditure Radio		Category/ Type		03 / 15 / Y Y Y Y Y 2016
Name of Federal Candidate			Office	Sought: House District: 00
Bernie Sanders		Oppose		President Senate State: AZ
Calendar Year-To-Date		25438.44	Disbu 2016	rrsement For: X Primary General
Per Election for Office Sought	7 7	25436.44	2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		. •	25468.44
(b) SUBTOTAL of Unitemized Independent	t Expenditures		·· •	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	y candidate or authorized			
Martha Kuhl	[Electroni	ically Filed] Date		6 08 2016
Signature			, L	

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
National Nurses Officed for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
North Wood Advertising		03 22 7 2016		
Mailing Address 1201 Fifteen Building		Amount		
15 South Fifth	=: 0 :			
City State Minneapolis MN	Zip Code 55402	6385.00 Transaction ID : D712563		
- In the state of	55402	Date of Disbursement or Obligation		
Purpose of Expenditure Radio	Category/ Type	03 / 15 / 2016		
Name of Federal Candidate	Support C	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: ID		
Calendar Year-To-Date		Disbursement For: Primary General		
Per Election for Office Sought		Other (specify) ►		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
North Wood Advertising		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1201 Fifteen Building				
15 South Fifth		Amount		
City State	Zip Code	3854.00		
Minneapolis MN	55402	Transaction ID: D712564 Date of Disbursement or Obligation		
Purpose of Expenditure Radio	Category/	03 15 2016		
radio	Type	33 13 2010		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: WY		
Calendar Year-To-Date		Disbursement For: X Primary General		
Per Election for Office Sought	7700.00	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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	onically Filed] Date	06 08 7 2016		
Signature				

: 97 'A = G7 9 @ G B9 C I G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F Hz G7 < 98 I @ 'C F ' + H9 A = N5 H+ C B

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:

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nuises officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee Bus Bank	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		03 / 16 / Y Y Y Y Y
820 West Jackson		Amount
Suite 815	2-4-	40070.05
City State Zip C Chicago IL 6060		12273.95 Transaction ID : D710723 Date of Disbursement or Obligation
Purpose of Expenditure Bus tour expense Cat	tegory/ Type	03 / 16 / 2016
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 757	Disk 2143.91 2010	oursement For:
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		03 16 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip (Code	50.00
Oakland CA 946	12	Transaction ID : D711492 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental Cat	tegory/ Type	03 / 16 / 2016
Name of Federal Candidate	X Support Office	ce Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7877.13 Disl 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		12323.95
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically	Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_ 4.0	

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER VI				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report New report	Amends report fi	led on M / D D / Y Y Y Y Y		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
California Nurses Association		03 / 16 / 2016		
Mailing Address 155 Grand Avenue		Amount		
City State Zip	o Code	50.00		
	4612	Transaction ID : D711493 Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental	Category/ Type	03 16 2016		
Name of Federal Candidate	X Support Of	ffice Sought: House District: 00		
BERNARD SANDERS		President Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		sbursement For:		
E II N ()	☐ Mome Item			
Full Name of Payee North Wood Advertising	∐ Memo Item	Date of Public Distribution/Dissemination 03 16 2016		
Mailing Address 1201 Fifteen Building		Amount		
15 South Fifth				
City State Zip	p Code	87847.44		
	5402	Transaction ID: D712315 Date of Disbursement or Obligation		
Purpose of Expenditure Radio	Category/ Type	03 / 16 / 2016		
Name of Federal Candidate	X Support O	ffice Sought: House District:00		
Bernie Sanders		President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought 7		isbursement For:		
(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 repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.				
Martha Kuhl [Electronical	lly Filed] Date	06 08 2016		
Signature	24.0			

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FOR	LINE 24	OF FO	ORM 3X

			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	ort Amends repo		M / D = D / Y = Y = Y	
Full Name of Payee	☐ Memo Ite	m Date o	of Public Distribution/Dissemination	
Outfront Media			03 / 16 / 2016	
Mailing Address 185 US Highway 46		Amour	nt	
City State	Zip Code		34300.00	
Fairfield NJ	07004		ction ID : D712321 of Disbursement or Obligation	
Purpose of Expenditure Print Advertising	Category/ Type	M	03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support	Office Sought	t: House District: 00	
Bernie Sanders	Oppose	X Preside	ent Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016	t For: X Primary General	
Full Name of Payee	Memo Ite			
Matrix Media		Date	of Public Distribution/Dissemination 03 28 2016	
Mailing Address 463 E Town St		Amour		
City State	Zip Code	— I	9539.00	
Columbus OH	43215		ction ID: D711254 of Disbursement or Obligation	
Purpose of Expenditure Print Advertising	Category/ Type	M	03 / 17 / 2016	
Name of Federal Candidate	Support	Office Sough	t: House District: 00	
Bernie Sanders	Oppose	X Preside	ent Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought	9539.00	Disbursement 2016 Of	t For:	
(a) SUBTOTAL of Itemized Independent Expenditures		. [43839.00	
(b) OUDTOTAL of Heiteries delanders and set Empediture		-	7 1 7 1 7 1	
(b) SUBTOTAL of Unitemized Independent Expenditures		L		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electroni	ically Filed] Date	M M /	08 2016	
Signature				

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER				
National Nuises Officed for Fatient Protection		C C00490375		
Check if 24-hour report 48-hour report New re	port Amends report	filed on Mam / Dab / Yayayay		
Full Name of Payee Matrix Media	☐ Memo Item	Date of Public Distribution/Dissemination		
Mailing Address		03 / 28 / 2016		
463 E Town St		Amount		
City State	Zip Code	6500.00		
Columbus OH	43215	Transaction ID : D711255 Date of Disbursement or Obligation		
Purpose of Expenditure Print Advertising	Category/ Type	03 / 17 / 2016		
Name of Federal Candidate	X Support (Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	Memo Item			
California Nurses Association		Date of Public Distribution/Dissemination 03 17 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	50.00		
Oakland CA	94612	Transaction ID : D711257 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	03 / 17 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		6550.00		
(b) OUDTOTAL of the bories of body and set 5 may differen		1111111111		
(b) SUBTOTAL of Unitemized Independent Expenditures)		
(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	nically Filed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Number				
National Nurses United for Patient Protection	C C00490375			
Check if 24-hour report 48-hour report New report	Amends report file	ed on Man / Dab / Yayayay		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
Outfront Media		03 / 28 / 2016		
Mailing Address 185 US Highway 46		Amount		
City State Zip	Code	155287.50		
Fairfield NJ 070	004	Transaction ID : D711252 Date of Disbursement or Obligation		
Purpose of Expenditure Print Advertising Ca	tegory/ Type	03 / 18 / 2016		
Name of Federal Candidate	X Support Off	ice Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 372	Dis 2762.50	sbursement For:		
Full Name of Payer	☐ Memo Item			
Full Name of Payee Outfront Media	_ Memorican	Date of Public Distribution/Dissemination 04 04 04 2016		
Mailing Address 185 US Highway 46		Amount		
City State Zip	Code	40000.00		
Fairfield NJ 070	004	Transaction ID : D711373 Date of Disbursement or Obligation		
Purpose of Expenditure Print Advertising Ca	tegory/ Type	03 / 18 / 2016		
Name of Federal Candidate	X Support Off	fice Sought: House District:00		
BERNARD SANDERS	<u>•</u>	President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		sbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		195287.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7		
(c) TOTAL Independent Expenditures	>	7 7 7		
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.				
Martha Kuhl [Electronically	Filed] Date	06 08 2016		
Signature	2410			

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FOR I	LINE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Outfront Media		04 04 2016
Mailing Address 185 US Highway 46		Amount
City State Zip Coc	le	24300.00
Fairfield NJ 07004		Transaction ID : D711374 Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising Category T	ory/ ype	03 18 / 2016
Name of Federal Candidate	Support Of	fice Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 37276.		sbursement For:
Full Name of Payee	Memo Item	
California Nurses Association	_ memo item	Date of Public Distribution/Dissemination 03 17 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip Coo	de	50.00
Oakland CA 94612		Transaction ID : D711384 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Category T	ory/ ype	03 / 18 / 2016
Name of Federal Candidate	Support Of	fice Sought: House District:00
Bernie Sanders	•	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 75714		sbursement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		24350.00
	•	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Martha Kuhl [Electronically File	ed] Date	06 08 7 2016
Signature	24.5	

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FOR LI	NE 24	OF FO	DRM 3X	1
ENTIFICATION NUMBER ▼				
ENTIFIC	CATIO	N NUM	BER ▼	ı

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		F	FEC IDENTIFICATION NUMBER ▼
national nurses officed for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New repo	rt Amends repor	t filed on	/ D D / Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of	Public Distribution/Dissemination
Mailing Address 455 Crand Avanua			03 18 2016
155 Grand Avenue		Amoun	t
City State :	Zip Code		50.00
	94612		tion ID: D711385 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type		03 18 2016
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For: ☐ Primary ☐ General ner (specify) ►
Full Name of Payee	☐ Memo Iter		f Public Distribution/Dissemination
California Nurses Association		M	03 18 2016
Mailing Address 155 Grand Avenue		Amoun	
City State	Zip Code		150.00
Oakland CA	94612		tion ID: D711386 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	03 / 18 / 2016
Name of Federal Candidate	X Support	Office Sought:	: House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures		· [200.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	4 4 4
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		السا	

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		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER			
Tradional redises officed for Fatient Frotection		C C00490375	
Check if 24-hour report 48-hour report New report	port Amends report	filed on Mam / Dab / Yayayay	
Full Name of Payee California Nurses Association	Memo Iter	Date of Public Distribution/Dissemination	
Mailing Address		03 / 18 / 2016	
155 Grand Avenue		Amount	
City State	Zip Code	200.00	
Oakland CA	94612	Transaction ID : D711387 Date of Disbursement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	03 / 18 / 2016	
Name of Federal Candidate	X Support	Office Sought: House District: 00	
Bernie Sanders	Oppose	President Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General	
	□ Mana ltana	Other (specify) -	
Full Name of Payee Javier Moreno Polllaroio	☐ Memo Item	M = M / D = D / Y = Y = Y	
Mailing Address 1521 3rd Ave		03	
City State	Zip Code	200.00	
Oakland CA	94606	Transaction ID : D711405 Date of Disbursement or Obligation	
Purpose of Expenditure Translation Services	Category/ Type	03 / 18 / 2016	
Name of Federal Candidate	X Support	Office Sought: House District:00	
Bernie Sanders	Oppose	President Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		400.00	
(b) OUDTOTAL of Heitenies designed and Especialist			
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures		>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

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			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	t Amends repor		M / D D / Y B Y B Y B Y
Full Name of Payee Erin L FitzGerald	Memo Ite	m Date of	f Public Distribution/Dissemination
Mailing Address 4029 Floride Street			03 / 17 / 2016
1028 Florida Street		Amoun	t
City State Z	ip Code		410.00
	94590		tion ID : D711408 f Disbursement or Obligation
Purpose of Expenditure Video Production	Category/ Type		03 / 18 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Iten		f Public Distribution/Dissemination
Outfront Media	_	M	04 04 2016
Mailing Address 185 US Highway 46		Amoun	حنندا لنا ك
City State Z	Zip Code		11750.00
	07004		tion ID: D712331 f Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type		03 / 18 / 2016
Name of Federal Candidate	X Support	Office Sought:	: House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement 2016 Oth	For: ☐ Primary ☐ General
(a) SUBTOTAL of Itemized Independent Expenditures			12160.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.			
Martha Kuhl [Electronica	ally Filed] Date	M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	240		

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FOR	LINE 2	24 OF F	FORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor		M / D D / Y D Y D Y
Full Name of Payee	☐ Memo Ite	m Date of	f Public Distribution/Dissemination
Outfront Media			04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 185 US Highway 46		Amoun	t
City State	Zip Code		325.00
Fairfield NJ	07004		tion ID: D712332 f Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	M	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought:	: House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement 2016	For:
Full Name of Payee	☐ Memo Iter		
Outfront Media	_ Memorica	Date 0	f Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 185 US Highway 46		Amoun	
City State	Zip Code		3950.00
Fairfield NJ	07004		ction ID : D712333 f Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	М	03 18 2016
Name of Federal Candidate	X Support	Office Sought	: House District:00
Bernie Sanders	Oppose	X Preside	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement 2016 Ott	For:
(a) SUBTOTAL of Itemized Independent Expenditures			4275.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	ically Filed] Date	M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	`	FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Patient Protection	I	C C00490375
Check if 24-hour report 48-hour report Ne	w report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		03 / 20 / 2016
155 Grand Avenue		Amount
City State	Zip Code	150.00
Oakland CA	94612	Transaction ID : D710986 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 22 2016
Name of Federal Candidate	X Support Of	ffice Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		sbursement For: X Primary General 116 Other (specify) ▶
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association	_	03 20 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	943.43
Oakland CA	94612	Transaction ID: D711388 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense	Category/ Type	03 / 22 / 2016
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		. 1093.43
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.	•	
Martha Kuhl [El	dectronically Filed] Date	M
Signature	Date	للثنا لتا لـــــــــــــــــــــــــــــــــ

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FOR I	LINE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	oort Amends repor	t filed on
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
California Nurses Association		03 18 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D711389 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 22 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
Full Name of Payee	☐ Memo Iter	.
California Nurses Association	_ memoriter	Date of Public Distribution/Dissemination 03 03 03 03 03 03 03
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	175.00
Oakland CA	94612	Transaction ID: D711390 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 22 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		275.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	M
Signature		

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	rt Amends repor	t filed on	M / D D / Y D Y D Y
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of	Public Distribution/Dissemination
		O	3 / 20 / 2016
Mailing Address 155 Grand Avenue		Amount	
City State Z	Zip Code		200.00
Oakland CA S	94612		ion ID : D711391 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	O	3 / 22 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presiden	t Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
Full Name of Payee	Memo Iter		Public Distribution/Dissemination
California Nurses Association	_	M)3 / 22 / 2016
Mailing Address 155 Grand Avenue		Amount	
City State 2	Zip Code		100.00
Oakland CA	94612		tion ID : D711392 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type		03 / D23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures		. []	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures		.	
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.			
Martha Kuhl [Electronic	ally Filed] Date	M M / / / / / / / / / / / / / / / / / /	08 2016
Signature	Date	النا	

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FOR L	INE 24	OF F	ORM 3X

			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	ort Amends repo		M / D D / Y T Y T Y		
Full Name of Payee	Memo Ite	Date o	f Public Distribution/Dissemination		
Alliance Graphics Mailing Address 4404 8th Street			03 25 7 2016		
1101 8th Street		Amour	nt		
City State	Zip Code		1314.00		
Berkeley CA	94710		ction ID: D711410 If Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	M	03 23 7 2016		
Name of Federal Candidate	X Support	Office Sought	: House District: 00		
Bernie Sanders	Oppose	X Preside	nt Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Ot	For: Primary General her (specify) ▶		
Full Name of Payee	Memo Ite		of Public Distribution/Dissemination		
Outfront Media		M	03 28 2016		
Mailing Address 185 US Highway 46		Amour			
City State	Zip Code	— I	2775.00		
Fairfield NJ	07004		ction ID: D711253 of Disbursement or Obligation		
Purpose of Expenditure Print Advertising	Category/ Type	M	03 / 24 / 2016		
Name of Federal Candidate	Support	Office Sought	t: House District: 00		
Bernie Sanders	Oppose	X Preside	ent Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement 2016 Ot	t For:		
(a) SUBTOTAL of Itemized Independent Expenditures			4089.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7		
(c) TOTAL Independent Expenditures		·			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
Martha Kuhl [Electron	nically Filed] Date	M M /	08 / 2016		
Signature					

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			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		i	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repo		M / D D / Y D Y D Y
Full Name of Payee	☐ Memo Ite	m Date of	f Public Distribution/Dissemination
Outfront Media			04 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 185 US Highway 46		Amoun	t
City State	Zip Code	— L.	4750.00
Fairfield NJ	07004		tion ID: D711375 f Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	M	03 24 2016
Name of Federal Candidate	X Support	Office Sought:	: House District:00
Bernie Sanders	Oppose	Presider	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement 2016	For:
Full Name of Payee	Memo Iter		
Outfront Media		Date 0	f Public Distribution/Dissemination 04 04 2016
Mailing Address 185 US Highway 46		Amoun	للننبا لنا ل
City State	Zip Code		9000.00
Fairfield NJ	07004		ction ID : D711376 f Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	M	03 24 2016
Name of Federal Candidate	Support	Office Sought:	: House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement 2016 Ott	For: X Primary General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		. .	13750.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>	4
(c) TOTAL Independent Expenditures		•	4 4
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electroni	ically Filed] Date	M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report f	filed on
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Outfront Media		04 04 2016
Mailing Address 185 US Highway 46		Amount
City State Zip Coo	de	243.75
Fairfield NJ 07004		Transaction ID : D711377 Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising Categ	ory/ ype	03 24 2016
Name of Federal Candidate	X Support C	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 37276		oisbursement For:
Full Name of Payee	Memo Item	
California Nurses Association	ee item	Date of Public Distribution/Dissemination 03 24 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip Co	de	100.00
Oakland CA 94612		Transaction ID : D711393 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Categ	ory/ ype	03 / 24 / 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 75714		Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		343.75
(b) SUBTOTAL of Unitemized Independent Expenditures		
(2) 222.2712 C. Cintolinizad Indopolitatini Experiational Indiana		7 7 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Fil	[ed] Date	06 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	20.0	

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		F	FEC IDENTIFICATION NUMBER ▼
ivational nurses officed for Patient Protection	C C00490375		
Check if 24-hour report 48-hour report New repo	ort Amends repor	rt filed on	/ D D / Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Ite	em Date of	Public Distribution/Dissemination
Mailing Address 455 Crond Avenue			03 24 7 2016
155 Grand Avenue		Amoun	t
City State	Zip Code		100.00
Oakland CA	94612		tion ID: D711394 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type		03 24 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For: ☐ Primary ☐ General ner (specify) ▶
Full Name of Payee	☐ Memo Iter		f Public Distribution/Dissemination
California Nurses Association		M	03 24 2016
Mailing Address 155 Grand Avenue		Amoun	t
City State	Zip Code		100.00
Oakland CA	94612		tion ID: D711395 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	03 / 24 / 2016
Name of Federal Candidate	X Support	Office Sought:	: House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures		•	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c) TOTAL Independent Expenditures		•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M / 06	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		السا	

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					FOR LINE 2	4 OF FORM 3X
	ME OF COMMITTEE (In Full)			FEC	IDENTIFICATION	ON NUMBER ▼
IN	ational Nurses United for Patient Protection			C	C00490375	
Che	eck if 24-hour report 48-hour report New report	ort Amends rep	ort filed o	n Man	/ D D /	Y I Y I Y
Т	Full Name of Payee	☐ Memo I	tem	Date of Pub	olic Distribution/	Dissemination
-	Campaign Workshop			04	25	2016
1	Mailing Address 1129 20th Street, Suite 200			Amount		
ŀ	City State	Zip Code				41000.00
	Washington DC	20036			ID: D711490 bursement or C	Obligation
	Purpose of Expenditure Printing	Category/ Type		03	25	2016
ı	Name of Federal Candidate	Support	Office S	Sought:	House	District:00
	Bernie Sanders	Oppose	X F	President	Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought	372762.50	Disburs 2016	sement For: Other (s	Primary specify) ▶	General
ı	Full Name of Payee	☐ Memo It	em	Date of Pub	olic Distribution	/Dissemination
	North Wood Advertising			M M M 04	/ D D / 26	2016
	Mailing Address 1201 Fifteen Building			Amount		
-	15 South Fifth City State	Zip Code				40000.00
1	Minneapolis MN	55402			ID: D711491 bursement or 0	
	Purpose of Expenditure Radio	Category/ Type		03	/ 25	2016
ŀ	Name of Federal Candidate	Support	Office	Sought:	House	District:00
	Bernie Sanders	Oppose	X	President	Senate	State: PA
	Calendar Year-To-Date Per Election for Office Sought	40000.00	Disburs 2016	Sement For: Other (Primary specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures		•			81000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		··· •			
(c) TOTAL Independent Expenditures		··· •		7-	
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	Martha Kuhl [Electroni	ically Filed] Date	e 06	M / D 08		6 Y
	Signature		-			

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FOR L	INE 24	OF F	ORM 3X	

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
National Nurses United for Patient Protection	C C00490375				
Check if 24-hour report 48-hour report New report Ame	nds report filed on				
Full Name of Payee	Memo Item Date of Public Distribution/Dissemination				
Outfront Media	03 / 25 / Y Y Y Y Y Y				
Mailing Address 185 US Highway 46	Amount				
City State Zip Code	1850.00				
Fairfield NJ 07004	Transaction ID : D712322 Date of Disbursement or Obligation				
Purpose of Expenditure Print Advertising Category/ Type	03 / 25 / 2016				
Name of Federal Candidate	upport Office Sought: House District: 00				
Bernie Sanders O	ppose President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought 372762.50	Disbursement For:				
Full Name of Payee	M It				
California Nurses Association	Date of Public Distribution/Dissemination 03 25 2016				
Mailing Address 155 Grand Avenue	Amount				
City State Zip Code	30.00				
Oakland CA 94612	Transaction ID : D711024 Date of Disbursement or Obligation				
Purpose of Expenditure Online ads Category/ Type	03 / 26 / 2016				
Name of Federal Candidate	upport Office Sought: House District: 00				
BEDNADD SANDEDS	ppose President Senate State: HI				
Calendar Year-To-Date Per Election for Office Sought 23530.00	Disbursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······································				
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.					
Martha Kuhl [Electronically Filed]	Date 06 08 2016				
Signature					

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FOR	LINE	24	OF	FOF	RM	ЗХ

		TOTT LINE 24 OF TOTAL 3X			
NAME OF COMMITTEE (In Full) National Number ■ Protection					
National Nurses United for Patient Protection C C00490375					
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M / D D / Y Y Y Y Y			
Full Name of Payee Erin L FitzGerald	Memo Iter	Date of Public Distribution/Dissemination			
Mailing Address		03 / 21 / 2016			
1028 Florida Street		Amount			
City State	Zip Code	840.00			
Vallejo CA	94590	Transaction ID : D711409 Date of Disbursement or Obligation			
Purpose of Expenditure Video Production	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support	Office Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:			
Full Name of Payee	Memo Item				
California Nurses Association		03 30 2016			
Mailing Address 155 Grand Avenue		Amount			
City State	Zip Code	50.00			
Oakland CA	94612	Transaction ID: D711396 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type	03 / 30 / 2016			
Name of Federal Candidate	Support	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		890.00			
(b) SUBTOTAL of Unitemized Independent Expenditures		·			
(c) TOTAL Independent Expenditures		1978147.82			
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 [Electron	nically Filed] Date	06 08 2016			
Signature					