

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 26 / 2016
Mailing Address 945 Camelia St	Amount 1789.93
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D709359 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 26 / 2016
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 26 / 2016
Mailing Address 155 Grand Avenue	Amount 50.00
City State Zip Code Oakland CA 94612	Transaction ID : D709556 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 27 / 2016
Purpose of Expenditure Online Ad Category/Type 	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1839.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Signature