

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Bus Bank
Mailing Address 820 West Jackson Suite 815
City Chicago State IL Zip Code 60607
Purpose of Expenditure Bus tour expenses
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 21930.74

Date of Public Distribution/Dissemination 03 / 06 / 2016
Amount 20400.41
Transaction ID : D709557
Date of Disbursement or Obligation 01 / 27 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 21930.74

Date of Public Distribution/Dissemination 03 / 04 / 2016
Amount 50.00
Transaction ID : D710654
Date of Disbursement or Obligation 03 / 07 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 20450.41, (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 03 / 07 / 2016
Signature

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
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Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 21930.74

Date of Public Distribution/Dissemination 03 / 04 / 2016
Amount 100.00
Transaction ID : D710655
Date of Disbursement or Obligation 03 / 07 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Payroll Expense
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 21930.74

Date of Public Distribution/Dissemination 03 / 13 / 2016
Amount 436.90
Transaction ID : D710656
Date of Disbursement or Obligation 03 / 07 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 536.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Martha Kuhl [Electronically Filed] Date 03 / 07 / 2016
Signature

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Payroll Expense Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 21930.74

Date of Public Distribution/Dissemination 03 / 13 / 2016
Amount 943.43
Transaction ID : D710657
Date of Disbursement or Obligation 03 / 07 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate [] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District: [] [] President [] Senate State: []
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 943.43; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 21930.74

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 03 / 07 / 2016
Signature