# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure: TV ads

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 476575.00

**Transaction ID : B885831**

Date of Disbursement or Obligation: 09 / 26 / 2024

Name of Federal Candidate: Alsobrooks, Angela, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House District: ____ ☐ President ☒ Senate State: MD

Calendar Year-To-Date Per Election for Office Sought: 664909.09

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure: TV ads

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 249739.00

**Transaction ID : B885838**

Date of Disbursement or Obligation: 09 / 26 / 2024

Name of Federal Candidate: Baldwin, Tammy, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House District: ____ ☐ President ☒ Senate State: WI

Calendar Year-To-Date Per Election for Office Sought: 344138.49

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 726314.00

**(b) SUBTOTAL** of Unitemized Independent Expenditures ▶

**(c) TOTAL** Independent Expenditures ▶

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

*Kuhl, Martha, , ,*
Signature

Date 10 / 02 / 2024

Image# 202410029684784099

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
CALIFORNIA NURSES ASSOCIATION

Mailing Address 155 Grand Avenue

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure
Reimbursement for Video Clips for Ads production

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 39.99

**Transaction ID : B882826**

Date of Disbursement or Obligation: 09 / 30 / 2024

Name of Federal Candidate
Baldwin, Tammy, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: WI

Calendar Year-To-Date Per Election for Office Sought: 344138.49

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure
TV ads

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 499330.00

**Transaction ID : B885836**

Date of Disbursement or Obligation: 09 / 26 / 2024

Name of Federal Candidate
Brown, Sherrod, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: OH

Calendar Year-To-Date Per Election for Office Sought: 733374.86

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 499369.99

**(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.

*Kuhl, Martha, , ,*
Signature

Date: 10 / 02 / 2024

Image# 202410029684784100

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure: TV ads | Category/ Type: 004

Name of Federal Candidate: Casey, Bob, , ,
☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 403121.31

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 250183.00

**Transaction ID : B885828**

Date of Disbursement or Obligation: 09 / 26 / 2024

Office Sought: ☐ House ☐ President ☒ Senate | District: | State: PA

Disbursement For 2024: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee
CALIFORNIA NURSES ASSOCIATION

Mailing Address 155 Grand Avenue

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure: Reimbursement for Video Clips for Ads production | Category/ Type: 004

Name of Federal Candidate: Casey, Bob, , ,
☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 403121.31

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 39.99

**Transaction ID : B882822**

Date of Disbursement or Obligation: 09 / 30 / 2024

Office Sought: ☐ House ☐ President ☒ Senate | District: | State: PA

Disbursement For 2024: ☐ Primary ☒ General ☐ Other (specify) ▶

| | |
|---|---|
| **(a) SUBTOTAL** of Itemized Independent Expenditures ▶ | 250222.99 |
| **(b) SUBTOTAL** of Unitemized Independent Expenditures ▶ | |
| **(c) TOTAL** Independent Expenditures ▶ | |

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*Kuhl, Martha, , ,*
Signature

Date: 10 / 02 / 2024

Image# 202410029684784101

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
GetThru

Mailing Address 9450 SW Gemini Dr., PMB 79340

City: Beaverton | State: OR | Zip Code: 97008

Purpose of Expenditure
Phone and text campaign beginning 9/3/24. Pre-payments reported on 2024 April/June quarterly reports

Category/ Type: 007

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 11071.00

**Transaction ID : B882793**

Date of Disbursement or Obligation: 09 / 30 / 2024

Name of Federal Candidate
Casey, Bob, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: PA

Calendar Year-To-Date Per Election for Office Sought: 403121.31

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

Full Name of Payee
CALIFORNIA NURSES ASSOCIATION

Mailing Address 155 Grand Avenue

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure
Reimbursement for staff expenses.

Category/ Type: 001

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 15458.51

**Transaction ID : B886772**

Date of Disbursement or Obligation: 10 / 01 / 2024

Name of Federal Candidate
Casey, Bob, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: PA

Calendar Year-To-Date Per Election for Office Sought: 403121.31

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 26529.51

**(b) SUBTOTAL** of Unitemized Independent Expenditures ▶

**(c) TOTAL** Independent Expenditures ▶

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*Kuhl, Martha, , ,*
Signature

Date: 10 / 02 / 2024

Image# 202410029684784102

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure: TV ads

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 180079.00

**Transaction ID : B885834**

Date of Disbursement or Obligation: 09 / 26 / 2024

Name of Federal Candidate
Gallego, Ruban, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House District: ____ ☐ President ☒ Senate State: AZ

Calendar Year-To-Date Per Election for Office Sought: 273888.77

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

Full Name of Payee
CALIFORNIA NURSES ASSOCIATION

Mailing Address 155 Grand Avenue

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure: Reimbursement for Video Clips for Ads production

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 39.99

**Transaction ID : B882825**

Date of Disbursement or Obligation: 09 / 30 / 2024

Name of Federal Candidate
Gallego, Ruban, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House District: ____ ☐ President ☒ Senate State: AZ

Calendar Year-To-Date Per Election for Office Sought: 273888.77

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 180118.99

**(b) SUBTOTAL** of Unitemized Independent Expenditures ▶

**(c) TOTAL** Independent Expenditures ▶

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*Kuhl, Martha, , ,*
Signature

Date 10 / 02 / 2024

Image# 202410029684784103

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
Alliance Graphics

Mailing Address 1101 8th Street

City: Berkeley | State: CA | Zip Code: 94710

Purpose of Expenditure
Printing and shipping.

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 27 / 2024

Amount: 45629.66

**Transaction ID : B881904**

Date of Disbursement or Obligation: 08 / 28 / 2024

Name of Federal Candidate
Harris, Kamala, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ Senate ☒ President District: ____ State: US

Calendar Year-To-Date Per Election for Office Sought: 3135454.76

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure
TV ads

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 1775971.82

**Transaction ID : B885822**

Date of Disbursement or Obligation: 09 / 26 / 2024

Name of Federal Candidate
Harris, Kamala, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ Senate ☒ President District: ____ State: US

Calendar Year-To-Date Per Election for Office Sought: 3135454.76

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 1821601.48

**(b) SUBTOTAL** of Unitemized Independent Expenditures ▶

**(c) TOTAL** Independent Expenditures ▶

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*Kuhl, Martha, , ,*
Signature

Date: 10 / 02 / 2024

Image# 202410029684784104

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
CALIFORNIA NURSES ASSOCIATION

Mailing Address 155 Grand Avenue

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure
Reimbursement for Video Clips for Ads production

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 319.99

**Transaction ID : B882821**

Date of Disbursement or Obligation: 09 / 30 / 2024

Name of Federal Candidate
Harris, Kamala, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ Senate ☒ President District: ____ State: US

Calendar Year-To-Date Per Election for Office Sought: 3135454.76

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

Full Name of Payee
CALIFORNIA NURSES ASSOCIATION

Mailing Address 155 Grand Avenue

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure
Reimbursement for staff expenses.

Category/ Type: 001

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 15458.51

**Transaction ID : B886771**

Date of Disbursement or Obligation: 10 / 01 / 2024

Name of Federal Candidate
Harris, Kamala, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ Senate ☒ President District: ____ State: US

Calendar Year-To-Date Per Election for Office Sought: 3135454.76

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ ____

**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 15778.50

**(b) SUBTOTAL** of Unitemized Independent Expenditures ▶

**(c) TOTAL** Independent Expenditures ▶

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

*Kuhl, Martha, , ,*
Signature

Date: 10 / 02 / 2024

Image# 202410029684784105

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure: TV ads | Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 99619.00

**Transaction ID : B885832**

Date of Disbursement or Obligation: 09 / 26 / 2024

Name of Federal Candidate
Low, Evan, , ,

☒ Support ☐ Oppose

Office Sought: ☒ House ☐ President ☐ Senate | District: 16 | State: CA

Calendar Year-To-Date Per Election for Office Sought: 175262.32

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee
DSPolitical

Mailing Address 1133 15th St NW Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Expenditure: TV ads | Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 266091.00

**Transaction ID : B885829**

Date of Disbursement or Obligation: 09 / 26 / 2024

Name of Federal Candidate
Slotkin, Elissa, , ,

☒ Support ☐ Oppose

Office Sought: ☐ House ☐ President ☒ Senate | District: | State: MI

Calendar Year-To-Date Per Election for Office Sought: 389106.77

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 365710.00

**(b) SUBTOTAL** of Unitemized Independent Expenditures ▶

**(c) TOTAL** Independent Expenditures ▶

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*Kuhl, Martha, , ,*
Signature

Date 10 / 02 / 2024

Image# 202410029684784106

# 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 ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
CALIFORNIA NURSES ASSOCIATION

Mailing Address 155 Grand Avenue

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure
Reimbursement for Video Clips for Ads production

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 30 / 2024

Amount: 39.99

**Transaction ID : B882824**

Date of Disbursement or Obligation: 09 / 30 / 2024

Name of Federal Candidate
Slotkin, Elissa, , ,

☒ Support ☐ Oppose

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

Calendar Year-To-Date Per Election for Office Sought: 389106.77

Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

---

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination

Amount

Date of Disbursement or Obligation

Name of Federal Candidate

☐ Support ☐ Oppose

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

Calendar Year-To-Date Per Election for Office Sought

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

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**(a) SUBTOTAL** of Itemized Independent Expenditures ▶ 39.99

**(b) SUBTOTAL** of Unitemized Independent Expenditures ▶

**(c) TOTAL** Independent Expenditures ▶ 3885685.45

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.

*Kuhl, Martha, , ,*
Signature

Date 10 / 02 / 2024