1. NAME OF COMMITTEE (in full)

National Nurses United for Patient Protection

ADDRESS (number and street)

8630 Fenton Street, Suite 1100

2. FEC IDENTIFICATION NUMBER ▼

C00490375

3. IS THIS NEW AMENDED REPORT (N) OR AMENDED (A) ▼

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11)
- Dec 20 (M12)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- Special (12S)

(d) 30-Day POST-Election Report for the:

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

5. Covering Period

<table>
<thead>
<tr>
<th>M</th>
<th>M</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>07</td>
<td>01</td>
<td>2015</td>
</tr>
</tbody>
</table>

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

Type or Print Name of Treasurer

Martha Kuhl

Signature of Treasurer

Martha Kuhl

[Electronically Filed] Date

01 / 31 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
### SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

**National Nurses United for Patient Protection**

Report Covering the Period: From: 01/07/2015 To: 12/31/2015

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This Period</strong></td>
<td><strong>Calendar Year-to-Date</strong></td>
</tr>
</tbody>
</table>

6. (a) Cash on Hand January 1, 2015

(b) Cash on Hand at Beginning of Reporting Period

(c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 31)

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

---

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

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100
### DETAILED SUMMARY PAGE

**FEC Form 3X (Rev. 06/2004)**

**Page 3**

**Write or Type Committee Name**

National Nurses United for Patient Protection

Report Covering the Period: From: **07** / **01** / **2015** To: **12** / **31** / **2015**

<table>
<thead>
<tr>
<th>I. Receipts</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Contributions (other than loans) From:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Itemized (use Schedule A)</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(ii) Unitemized</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(iii) TOTAL (add Lines 11(a)(i) and (ii))</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</td>
<td>222523.34</td>
<td>222523.34</td>
</tr>
<tr>
<td>12. Transfers From Affiliated/Other Party Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>13. All Loans Received</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>14. Loan Repayments Received</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)</td>
<td>0.00</td>
<td>127000.00</td>
</tr>
<tr>
<td>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees</td>
<td>0.00</td>
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</tr>
<tr>
<td>17. Other Federal Receipts (Dividends, Interest, etc.)</td>
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<td>0.00</td>
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<tr>
<td>18. Transfers from Non-Federal and Levin Funds</td>
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<td></td>
</tr>
<tr>
<td>(a) Non-Federal Account (from Schedule H3)</td>
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</tr>
<tr>
<td>(b) Levin Funds (from Schedule H5)</td>
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</tr>
<tr>
<td>(c) Total Transfers (add 18(a) and 18(b))</td>
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<td>0.00</td>
</tr>
<tr>
<td>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</td>
<td>222523.34</td>
<td>2349523.34</td>
</tr>
<tr>
<td>20. Total Federal Receipts (subtract Line 18(c) from Line 19)</td>
<td>222523.34</td>
<td>2349523.34</td>
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## II. Disbursements

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<thead>
<tr>
<th>Description</th>
<th>COLUMN A Total This Period</th>
<th>COLUMN B Calendar Year-to-Date</th>
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</thead>
<tbody>
<tr>
<td>21. Operating Expenditures:</td>
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</tr>
<tr>
<td>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</td>
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</tr>
<tr>
<td>(i) Federal Share</td>
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<td>0.00</td>
</tr>
<tr>
<td>(ii) Non-Federal Share</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Other Federal Operating Expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))</td>
<td>18721.01</td>
<td>18721.01</td>
</tr>
<tr>
<td>22. Transfers to Affiliated/Other Party Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Contributions to Federal Candidates/Committees and Other Political Comms</td>
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<td></td>
</tr>
<tr>
<td>24. Independent Expenditures (use Schedule E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)</td>
<td>918493.69</td>
<td>918493.69</td>
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<tr>
<td>26. Loan Repayments Made</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>27. Loans Made</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>28. Refunds of Contributions To:</td>
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<td></td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Comms</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Political Party Comms</td>
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<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Comms (such as PACs)</td>
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<tr>
<td>(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))</td>
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<tr>
<td>29. Other Disbursements</td>
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<td>180593.73</td>
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<tr>
<td>(a) Allocated Federal Election Activity (from Schedule H6)</td>
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</tr>
<tr>
<td>(i) Federal Share</td>
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<td>0.00</td>
</tr>
<tr>
<td>(ii) &quot;Levin&quot; Share</td>
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<td>0.00</td>
</tr>
<tr>
<td>(b) Federal Election Activity Paid Entirely With Federal Funds</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Total Federal Election Activity (add Lines 30(a)(i), (a)(ii) and (b))</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..</td>
<td>1333014.70</td>
<td>1362808.43</td>
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<tr>
<td>32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)</td>
<td>1333014.70</td>
<td>1362808.43</td>
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### III. Net Contributions/Operating Expenditures

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<tr>
<th></th>
<th>COLUMN A</th>
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<th>COLUMN B</th>
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</tr>
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<tr>
<td></td>
<td>Total This Period</td>
<td></td>
<td>Calendar Year-to-Date</td>
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<tr>
<td>33. Total Contributions (other than loans)</td>
<td>2222523.34</td>
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<td>2222523.34</td>
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<tr>
<td>(from Line 11(d), page 3)</td>
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<td>34. Total Contribution Refunds</td>
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<tr>
<td>(from Line 28(d))</td>
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<td>35. Net Contributions (other than loans)</td>
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<td>2222523.34</td>
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<tr>
<td>(subtract Line 34 from Line 33)</td>
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<tr>
<td>36. Total Federal Operating Expenditures</td>
<td>18721.01</td>
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<td>18721.01</td>
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<tr>
<td>(add Line 21(a)(i) and Line 21(b))</td>
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<tr>
<td>37. Offsets to Operating Expenditures</td>
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<tr>
<td>(from Line 15, page 3)</td>
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<tr>
<td>38. Net Operating Expenditures</td>
<td>18721.01</td>
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<tr>
<td>(subtract Line 37 from Line 36)</td>
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</table>
### SCHEDULE A (FEC Form 3X)

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

National Nurses United for Patient Protection

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Receipt</th>
<th>Amount of Each Receipt this Period</th>
</tr>
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<td><strong>A. National Nurses United</strong></td>
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<td>249975.70</td>
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<tr>
<td>Suite 1100</td>
<td></td>
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<tr>
<td>City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Spring</td>
<td></td>
<td></td>
</tr>
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<td>State</td>
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</tr>
<tr>
<td>MD</td>
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<tr>
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<tr>
<td>20910</td>
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<tr>
<td>FEC ID number of contributing</td>
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<tr>
<td>federal political committee.</td>
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<tr>
<td>Name of Employer</td>
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<tr>
<td>Occupation</td>
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<td>□ General</td>
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<tr>
<td>□ Other (specify)</td>
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<tr>
<td>Aggregate Year-to-Date</td>
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<tr>
<td><strong>B. National Nurses United</strong></td>
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<tr>
<td>Name of Employer</td>
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<tr>
<td>Occupation</td>
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<td>□ Other (specify)</td>
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<tr>
<td><strong>C. National Nurses United</strong></td>
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<td>City</td>
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<td>Silver Spring</td>
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<td>federal political committee.</td>
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<td>Name of Employer</td>
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<tr>
<td>□ General</td>
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<tr>
<td>2222523.34</td>
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</tbody>
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**SUBTOTAL** of Receipts This Page (optional)

**TOTAL** This Period (last page this line number only)
## SCHEDULE A (FEC Form 3X)
### ITEMIZED RECEIPTS

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

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>National Nurses United for Patient Protection</th>
</tr>
</thead>
</table>

### A. National Nurses United

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Silver Spring</td>
<td>MD</td>
<td>20910</td>
</tr>
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</table>

**FEC ID number of contributing federal political committee.**

`C`<br />

**Name of Employer**

<table>
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<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Receipt For:**

- [ ] Primary
- [ ] General
- [ ] Other (specify)

**Aggregate Year-to-Date ▼**

`2222523.34`

**Date of Receipt**

`09 / 29 / 2015`

**Transaction ID : C9818552**

**Amount of Each Receipt this Period**

`106195.16`

### B. National Nurses United

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<thead>
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<th>City</th>
<th>State</th>
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<tr>
<td>Silver Spring</td>
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<td>20910</td>
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**FEC ID number of contributing federal political committee.**

`C`<br />

**Name of Employer**

<table>
<thead>
<tr>
<th>Occupation</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Receipt For:**

- [ ] Primary
- [ ] General
- [ ] Other (specify)

**Aggregate Year-to-Date ▼**

`2222523.34`

**Date of Receipt**

`10 / 01 / 2015`

**Transaction ID : C9818553**

**Amount of Each Receipt this Period**

`252618.96`

### C. National Nurses United

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<th>City</th>
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<tr>
<td>Silver Spring</td>
<td>MD</td>
<td>20910</td>
</tr>
</tbody>
</table>

**FEC ID number of contributing federal political committee.**

`C`<br />

**Name of Employer**

<table>
<thead>
<tr>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Receipt For:**

- [ ] Primary
- [ ] General
- [ ] Other (specify)

**Aggregate Year-to-Date ▼**

`2222523.34`

**Date of Receipt**

`10 / 27 / 2015`

**Transaction ID : C9818554**

**Amount of Each Receipt this Period**

`9200.34`

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

`368014.46`

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

`2222523.34`
### NAME OF COMMITTEE (In Full)

**National Nurses United for Patient Protection**

### A. Autumn Press

- **Mailing Address:** 945 Camelia St

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley</td>
<td>CA</td>
<td>94710-1437</td>
</tr>
</tbody>
</table>

**Purpose of Disbursement**
- Printing for PAC

**Candidate Name**

**Office Sought:**
- House
  - Senator
- President

**State:** Berkeley

**Disbursement For:**
- Primary
- General

**Date of Disbursement:** 12/10/2015

**Transaction ID:** D691234

**Amount of Each Disbursement this Period:** 1134.91

### B. Autumn Press

- **Mailing Address:** 945 Camelia St

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley</td>
<td>CA</td>
<td>94710-1437</td>
</tr>
</tbody>
</table>

**Purpose of Disbursement**
- Printing for PAC

**Candidate Name**

**Office Sought:**
- House
  - Senator
- President

**State:** Berkeley

**Disbursement For:**
- Primary
- General

**Date of Disbursement:** 09/30/2015

**Transaction ID:** D693071

**Amount of Each Disbursement this Period:** 7418.31

### C. California Nurses Association

- **Mailing Address:** 2000 Franklin Street

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Oakland</td>
<td>CA</td>
<td>94612</td>
</tr>
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</table>

**Purpose of Disbursement**
- Office supplies for PAC

**Candidate Name**

**Office Sought:**
- House
  - Senator
- President

**State:** Berkeley

**Disbursement For:**
- Primary
- General

**Date of Disbursement:** 12/23/2015

**Transaction ID:** D693076

**Amount of Each Disbursement this Period:** 1803.61

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

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

**Image#:** 201601319004964262

**Transaction ID:** D693076

**Amount of Each Disbursement this Period:** 10356.83
### SCHEDULE B (FEC Form 3X)

**ITEMIZED DISBURSEMENTS**

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

**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Disbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. ELead Resources</strong></td>
<td></td>
</tr>
<tr>
<td>Mailing Address 314 W Superior St</td>
<td>MM / DD / YYYY</td>
</tr>
<tr>
<td>City: Chicago</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip Code: 60654</td>
<td></td>
</tr>
<tr>
<td>Purpose of Disbursement: Printing &amp; shipping for PAC</td>
<td></td>
</tr>
<tr>
<td>Category/Type</td>
<td></td>
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<tr>
<td>Office Sought: House</td>
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<tr>
<td>Senate</td>
<td>President</td>
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<td>Primary</td>
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<td>Transaction ID: D693070</td>
<td>Amount of Each Disbursement this Period: 7516.72</td>
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<tr>
<td>Date of Disbursement: 08/28/2015</td>
<td></td>
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<tr>
<td><strong>B. Michael Konopacki</strong></td>
<td></td>
</tr>
<tr>
<td>Mailing Address: PO Box 1917</td>
<td>MM / DD / YYYY</td>
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<tr>
<td>City: Madison</td>
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<td>Zip Code: 53701-1917</td>
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<td>Purpose of Disbursement: Graphic design for PAC</td>
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<td><strong>C.</strong></td>
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<td>Purpose of Disbursement</td>
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<td>Transaction ID:</td>
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**SUBTOTAL** of Disbursements This Page (optional)...8116.72

**TOTAL** This Period (last page this line number only)...18473.55
### NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

#### A. Progressive Kick

<table>
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<tr>
<th>Mailing Address</th>
<th>1904 Franklin St Ste 725</th>
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<tbody>
<tr>
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<tr>
<td>Purpose of Disbursement Contribution</td>
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<tr>
<td>Candidate Name</td>
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<td>Office Sought:</td>
<td>Senate, House General</td>
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Transaction ID: D693059

- Amount of Each Disbursement this Period: 200000.00

#### B. Progressive Kick

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Transaction ID: D693067

- Amount of Each Disbursement this Period: 45000.00

#### C.

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<tr>
<td>Purpose of Disbursement</td>
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<tr>
<td>Office Sought:</td>
<td>Senate, House General</td>
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<tr>
<td>State:</td>
<td>District:</td>
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</table>

- Amount of Each Disbursement this Period

---

| SUBTOTAL of Disbursements This Page (optional) | 245000.00 |
| TOTAL This Period (last page this line number only) | 245000.00 |
**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

### A. Democratic Party West Caucus

- **Mailing Address**: 6233 Dean Martin Drive
- **City**: Las Vegas
- **State**: NV
- **Zip Code**: 89118
- **Disbursement For**: General
- **Transaction ID**: D693077
- **Amount of Each Disbursement this Period**: $800.00

- **Candidate Name**
  - **Office Sought**: Senate
  - **Purpose of Disbursement**: Non-federal contribution
- **State**: District:

### B. Reclaim Chicago

- **Mailing Address**: 850 W Jefferson Blvd Suite 750
- **City**: Chicago
- **State**: IL
- **Zip Code**: 60607
- **Disbursement For**: General
- **Transaction ID**: D693060
- **Amount of Each Disbursement this Period**: $150000.00

- **Candidate Name**
  - **Office Sought**: Senate
  - **Purpose of Disbursement**: Non-federal contribution
- **State**: District:

### C. [Missing Mailing Address]

- **Disbursement For**: General
- **Transaction ID**: [Image# 201601319004964265]
- **Amount of Each Disbursement this Period**: $150800.00

- **Candidate Name**
  - **Office Sought**: Senate
  - **Purpose of Disbursement**: Non-federal contribution
- **State**: District:

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

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

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</tbody>
</table>
### Schedule E (FEC Form 3X) - Itemized Independent Expenditures

**Name of Committee (In Full)**
National Nurses United for Patient Protection

**FEC Identification Number**
C00490375

**Check if**
- 24-hour report
- 48-hour report
- New report
- Amends report filed

**Date of Public Distribution/Dissemination**
- Month: 08
- Day: 28
- Year: 2015

**Amount**
- 28.00

**Transaction ID:** D681420

**Name of Federal Candidate**
Bernie Sanders

**Office Sought:**
- House
- District: 00
- President
- Senate
- State: DC

**Disbursement For:**
- Primary
- General

**Full Name of Payee**
National Nurses United

**Mailing Address**
2000 Franklin Street

**City**
Oakland

**State**
CA

**Zip Code**
94612

**Purpose of Expenditure**
Printing

**Category/Type**

**Date of Disbursement or Obligation**
- Month: 08
- Day: 26
- Year: 2015

**Name of Federal Candidate**
Bernie Sanders

**Office Sought:**
- House
- District: 00
- President
- Senate
- State: DC

**Disbursement For:**
- Primary
- General

**Full Name of Payee**
Alliance Graphics

**Mailing Address**
1101 8th Street

**City**
Berkeley

**State**
CA

**Zip Code**
94710

**Purpose of Expenditure**
Printing & shipping

**Category/Type**

**Date of Disbursement or Obligation**
- Month: 08
- Day: 26
- Year: 2015

**Name of Federal Candidate**
Bernie Sanders

**Office Sought:**
- House
- District: 00
- President
- Senate
- State: DC

**Disbursement For:**
- Primary
- General

---

**Subtotals**

(a) **Subtotal** of Itemized Independent Expenditures: 3419.50

(b) **Subtotal** of Unitemized Independent Expenditures: 

(c) **Total** Independent Expenditures: 

---

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

**Martha Kuhl**

[Electronically Filed] Date 01/31/2015

---

**FEC Schedule E (Form 3X) Rev. 09/2013**
NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name of Payee
ELead Resources

Mailing Address
314 W Superior St

City  State  Zip Code
Chicago  IL  60654

Purpose of Expenditure
Printing & shipping

Name of Federal Candidate
Bernie Sanders

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:  Primary  General

Date of Public Distribution/Dissemination
MM / DD / YYYY
08 / 10 / 2015

Amount
4210.72

Transaction ID : D661433

Date of Disbursement or Obligation
MM / DD / YYYY
08 / 28 / 2015

Full Name of Payee
ELead Resources

Mailing Address
314 W Superior St

City  State  Zip Code
Chicago  IL  60654

Purpose of Expenditure
Printing

Name of Federal Candidate
Bernie Sanders

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:  Primary  General

Date of Public Distribution/Dissemination
MM / DD / YYYY
09 / 28 / 2015

Amount
4029.30

Transaction ID : D661434

Date of Disbursement or Obligation
MM / DD / YYYY
08 / 28 / 2015

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

Martha Kuhl  [Electronically Filed]

Signature

Date  MM / DD / YYYY
01 / 31 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013
## National Nurses United for Patient Protection

### Full Name of Payee / Full Name of Payee

**Alliance Graphics**

Mailing Address: 1101 8th Street

City: Berkeley
State: CA
Zip Code: 94710

Purpose of Expenditure: Printing

Name of Federal Candidate: Bernie Sanders

Office Sought: House District: 00

Date of Public Distribution/Dissemination: 09.28.2015

Amount: 1200.00

Transaction ID: D681453

Disbursement For: Primary

Full Name of Payee:

**ELead Resources**

Mailing Address: 314 W Superior St

City: Chicago
State: IL
Zip Code: 60654

Purpose of Expenditure: Printing & shipping

Name of Federal Candidate: Bernie Sanders

Office Sought: House District: 00

Date of Public Distribution/Dissemination: 09.23.2015

Amount: 21669.03

Transaction ID: D681454

Disbursement For: Primary

### Itemized Independent Expenditures

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

- **22869.03**

#### (b) SUBTOTAL of Unitemized Independent Expenditures...

#### (c) TOTAL Independent Expenditures...

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

_Martha Kuhl_  
_Electronically Filed_  
[Signature]  
Date: 01.31.2015
# SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

### Full Name of Payee
- **Autumn Press**

### Mailing Address
- 945 Camelia St

### City, State, Zip Code
- Berkeley, CA 94710-1437

### Purpose of Expenditure
- Printing & shipping

### Amount
- $2831.86

### Date of Disbursement or Obligation
- 09/28/2015

### Transaction ID
- D661455

---

### Full Name of Payee
- **Autumn Press**

### Mailing Address
- 945 Camelia St

### City, State, Zip Code
- Berkeley, CA 94710-1437

### Purpose of Expenditure
- Printing

### Amount
- $5196.59

### Date of Disbursement or Obligation
- 09/25/2015

### Transaction ID
- D661416

---

### (a) SUBTOTAL of Itemized Independent Expenditures
- $8028.45

### (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

Signature
### NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

### FEC IDENTIFICATION NUMBER ▼
C C00490375

### 24-hour report □ 48-hour report □ New report □ Amends report filed on □

#### Check if 24-hour report □ 48-hour report □ New report □ Amends report filed on □

**Full Name of Payee**
- Autumn Press

**Mailing Address**
- 945 Camelia St

**City**
- Berkeley

**State**
- CA

**Zip Code**
- 94710-1437

**Purpose of Expenditure**
- Printing

**Amount**
- 249.89

**Transaction ID : D681417**

**Date of Public Distribution/Dissemination**
- M M / D D / Y Y Y Y
- 09 / 25 / 2015

**Date of Disbursement or Obligation**
- M M / D D / Y Y Y Y
- 09 / 25 / 2015

**Name of Federal Candidate**
- Bernie Sanders

- Support

**Office Sought:**
- House
- Senate

**Disbursement For:**
- Primary

**Calendar Year-To-Date Per Election for Office Sought**
- 645099.79

---

**Full Name of Payee**
- Alliance Graphics

**Mailing Address**
- 1101 8th Street

**City**
- Berkeley

**State**
- CA

**Zip Code**
- 94710

**Purpose of Expenditure**
- Printing

**Amount**
- 10325.08

**Transaction ID : D681418**

**Date of Public Distribution/Dissemination**
- M M / D D / Y Y Y Y
- 09 / 25 / 2015

**Date of Disbursement or Obligation**
- M M / D D / Y Y Y Y
- 09 / 25 / 2015

**Name of Federal Candidate**
- Bernie Sanders

- Support

**Office Sought:**
- House
- Senate

**Disbursement For:**
- Primary

**Calendar Year-To-Date Per Election for Office Sought**
- 645099.79

---

**Category/Type**
- Category/Type

**Transaction ID : D681417**

**Date of Public Distribution/Dissemination**
- M M / D D / Y Y Y Y
- 09 / 25 / 2015

**Date of Disbursement or Obligation**
- M M / D D / Y Y Y Y
- 09 / 25 / 2015

**Name of Federal Candidate**
- Bernie Sanders

- Support

**Office Sought:**
- House
- Senate

**Disbursement For:**
- Primary

**Calendar Year-To-Date Per Election for Office Sought**
- 645099.79

---

**Itemized Independent Expenditures**

#### (a) SUBTOTAL of Itemized Independent Expenditures...
- 10574.97

#### (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
- 01 / 31 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013
NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Completion Date: 09/25/2015

Full Name of Payee
Alliance Graphics
Mailing Address
1101 8th Street
City Berkeley State CA Zip Code 94710

Purpose of Expenditure
Printing

Name of Federal Candidate
Bernie Sanders ☒ Support ☐ Oppose
Office Sought: ☐ House District: 00 ☐ President Senate State: DC
Disbursement For: ☒ Primary ☐ General
Calendar Year-To-Date Per Election for Office Sought 645099.79

Date of Public Distribution/Dissemination
09/25/2015

Amount
5351.73

Transaction ID: D681419

Full Name of Payee
National Nurses United
Mailing Address
2000 Franklin Street
City Oakland State CA Zip Code 94612

Purpose of Expenditure
Shipping

Name of Federal Candidate
Bernie Sanders ☒ Support ☐ Oppose ☒ President Senate State: DC
Disbursement For: ☒ Primary ☐ General
Calendar Year-To-Date Per Election for Office Sought 645099.79

Date of Public Distribution/Dissemination
09/25/2015

Amount
723.30

Transaction ID: D681431

(a) SUBTOTAL of Itemized Independent Expenditures................................................................. ► 6075.03

(b) SUBTOTAL of Unitemized Independent Expenditures .......................................................... ►

(c) TOTAL Independent Expenditures.......................................................................................... ►

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

Martha Kuhl [Electronically Filed]
Signature Date 01/31/2015
<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Alliance Graphics</th>
<th>Mailing Address</th>
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<tbody>
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<td>CA</td>
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<td>Zip Code</td>
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<td>Support</td>
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<td>Name of Payee</td>
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<td>Mailing Address</td>
<td>945 Camelia St</td>
</tr>
<tr>
<td>City</td>
<td>Berkeley</td>
<td>State</td>
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<tr>
<td>Per Election for Office Sought</td>
<td>2016</td>
<td>Other (specify)</td>
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</table>

(a) SUBTOTAL of Itemized Independent Expenditures .......................................................... 47912.58
(b) SUBTOTAL of Unitemized Independent Expenditures ..........................................................
(c) TOTAL Independent Expenditures ..........................................................................................

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

Martha Kuhl

[Electronically Filed] Date 01 / 31 / 2015
## SCHEDULE E (FEC Form 3X)

**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER**
C00490375

### Full Name of Payee
**Autumn Press**

**Mailing Address**
945 Camelia St

**City**
Berkeley

**State**
CA

**Zip Code**
94710-1437

**Purpose of Expenditure**
Printing

**Name of Federal Candidate**
Bernie Sanders

**Calendar Year-To-Date Per Election for Office Sought**
645099.79

**Disbursement For:**
Primary

**Office Sought:**
President

**State:**
DC

**Date of Public Distribution/Dissemination**
09/29/2015

**Amount**
17968.08

**Transaction ID:** D661474

**Date of Disbursement or Obligation**
09/30/2015

### Full Name of Payee
**Autumn Press**

**Mailing Address**
945 Camelia St

**City**
Berkeley

**State**
CA

**Zip Code**
94710-1437

**Purpose of Expenditure**
Printing

**Name of Federal Candidate**
Bernie Sanders

**Calendar Year-To-Date Per Election for Office Sought**
645099.79

**Disbursement For:**
Primary

**Office Sought:**
President

**State:**
DC

**Date of Public Distribution/Dissemination**
10/07/2015

**Amount**
5249.68

**Transaction ID:** D661737

**Date of Disbursement or Obligation**
10/07/2015

### (a) SUBTOTAL of Itemized Independent Expenditures

23217.76

### (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: 01/31/2015

FEC Schedule E (Form 3X) Rev. 09/2013
### SCHEDULE E (FEC Form 3X)

#### ITEMIZED INDEPENDENT EXPENDITURES

**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER**
C00490375

**Check if**
- [ ] 24-hour report
- [ ] 48-hour report
- [ ] New report
- [ ] Amends report filed on

---

<table>
<thead>
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<th>Amount</th>
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<td>10325.08</td>
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<th>Zip Code</th>
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<td>94710-1437</td>
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<td>CA</td>
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<table>
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<th>Category/Type</th>
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<table>
<thead>
<tr>
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<th>Office Sought</th>
<th>Disbursement For</th>
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</thead>
<tbody>
<tr>
<td>Bernie Sanders</td>
<td></td>
<td>Primary</td>
</tr>
<tr>
<td>Bernie Sanders</td>
<td></td>
<td>General</td>
</tr>
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<table>
<thead>
<tr>
<th>Calendar Year-To-Date</th>
<th>Per Election for Office Sought</th>
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<tbody>
<tr>
<td>645099.79</td>
<td></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

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(a) **SUBTOTAL** of Itemized Independent Expenditures: 14275.74

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

(c) **TOTAL** Independent Expenditures: 

---

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

**Martha Kuhl**

[Electronically Filed]

Signature

Date: 01/31/2015

---

**FEC Schedule E (Form 3X) Rev. 09/2013**
NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Full Name of Payee
Alliance Graphics

Mailing Address
1101 8th Street

City Berkeley
State CA
Zip Code 94710

Purpose of Expenditure
Printing

Name of Federal Candidate
Bernie Sanders

Office Sought: President
Disbursement For: Primary

Calendar Year-To-Date
Per Election for Office Sought
645099.79

Amount
5110.50

Date of Public Distribution/Dissemination
MM/DD/YYYY
10/07/2015

Transaction ID: D661937

Full Name of Payee
Alliance Graphics

Mailing Address
1101 8th Street

City Berkeley
State CA
Zip Code 94710

Purpose of Expenditure
Printing

Name of Federal Candidate
Bernie Sanders

Office Sought: President
Disbursement For: Primary

Calendar Year-To-Date
Per Election for Office Sought
645099.79

Amount
4901.02

Date of Public Distribution/Dissemination
MM/DD/YYYY
10/08/2015

Transaction ID: D661938

(a) SUBTOTAL of Itemized Independent Expenditures ............................................................. 10011.52

(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]
NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

<table>
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<th>Itemized Independent Expenditures</th>
<th>FEC IDENTIFICATION NUMBER ▼</th>
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<td>☐ 48-hour report</td>
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<tr>
<td>☐ New report</td>
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<td>☐ Amends report filed on</td>
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<table>
<thead>
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<tr>
<td>Mailing Address</td>
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<td></td>
</tr>
<tr>
<td>Berkeley</td>
<td>CA</td>
<td>94710-1437</td>
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<table>
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<th>Category/Type</th>
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<table>
<thead>
<tr>
<th>Name of Federal Candidate</th>
<th>Office Sought</th>
<th>Disbursement For</th>
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<th>Per Election for Office Sought</th>
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<tbody>
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</table>

<table>
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<tr>
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<tbody>
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<td>CA</td>
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<table>
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<th>Purpose of Expenditure</th>
<th>Category/Type</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Federal Candidate</th>
<th>Office Sought</th>
<th>Disbursement For</th>
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</thead>
<tbody>
<tr>
<td>Bernie Sanders</td>
<td>☑ Support</td>
<td>☑ Primary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Calendar Year-To-Date</th>
<th>Per Election for Office Sought</th>
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</thead>
<tbody>
<tr>
<td>645099.79</td>
<td></td>
</tr>
</tbody>
</table>

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

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Martha Kuhl
[Electronically Filed] Date 01/31/2015

FEC Schedule E (Form 3X) Rev. 09/2013
NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼
C00490375

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Full Name of Payee
Autumn Press

Mailing Address
945 Camelia St

City Berkeley
State CA
Zip Code 94710-1437

Purpose of Expenditure
Printing

Name of Federal Candidate
Bernie Sanders

Office Sought: ☐ House ☐ District: 00
☐ President  ☐ Senate ☐ State: DC

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

Date of Public Distribution/Dissemination
10 / 08 / 2015

Amount
295.19

Transaction ID : D682088

Full Name of Payee
ELead Resources

Mailing Address
314 W Superior St

City Chicago
State IL
Zip Code 60654

Purpose of Expenditure
Printing & shipping

Name of Federal Candidate
Bernie Sanders

Office Sought: ☐ House ☐ District: 00
☐ President  ☐ Senate ☐ State: DC

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

Date of Public Distribution/Dissemination
10 / 12 / 2015

Amount
56773.55

Transaction ID : D682326

(a) SUBTOTAL of Itemized Independent Expenditures……………………………………………………… ►

(b) SUBTOTAL of Unitemized Independent Expenditures …………………………………………………… ►

(c) TOTAL Independent Expenditures…………………………………………………………………………… ►

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Martha Kuhl [Electronically Filed] Date 01 / 31 / 2015

Signature
### SCHEDULE E (FEC Form 3X)
**ITEMIZED INDEPENDENT EXPENDITURES**

#### NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

#### FEC IDENTIFICATION NUMBER
C00490375

#### Full Name of Payee
**Alliance Graphics**

#### Mailing Address
1101 8th Street

#### City
Berkeley

#### State
CA

#### Zip Code
94710

#### Purpose of Expenditure
Printing

#### Category/Type

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
2016

#### Office Sought:
Primary

#### Disbursement ID: D682327

#### Date of Public Distribution/Dissemination
10/12/2015

#### Amount
2387.66

#### Date of Disbursement or Obligation
10/12/2015

#### Full Name of Payee
**Alliance Graphics**

#### Mailing Address
1101 8th Street

#### City
Berkeley

#### State
CA

#### Zip Code
94710

#### Purpose of Expenditure
Printing

#### Category/Type

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
2016

#### Office Sought:
Primary

#### Disbursement ID: D682328

#### Date of Public Distribution/Dissemination
10/12/2015

#### Amount
6368.47

#### Date of Disbursement or Obligation
10/12/2015

#### Full Name of Payee
**Alliance Graphics**

#### Mailing Address
1101 8th Street

#### City
Berkeley

#### State
CA

#### Zip Code
94710

#### Purpose of Expenditure
Printing

#### Category/Type

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
2016

#### Office Sought:
Primary

#### Disbursement ID: D682328

#### Date of Public Distribution/Dissemination
10/12/2015

#### Amount
6368.47

#### Date of Disbursement or Obligation
10/12/2015

#### Full Name of Payee
**Alliance Graphics**

#### Mailing Address
1101 8th Street

#### City
Berkeley

#### State
CA

#### Zip Code
94710

#### Purpose of Expenditure
Printing

#### Category/Type

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
2016

#### Office Sought:
Primary

#### Disbursement ID: D682328

#### Date of Public Distribution/Dissemination
10/12/2015

#### Amount
6368.47

#### Date of Disbursement or Obligation
10/12/2015

#### Full Name of Payee
**Alliance Graphics**

#### Mailing Address
1101 8th Street

#### City
Berkeley

#### State
CA

#### Zip Code
94710

#### Purpose of Expenditure
Printing

#### Category/Type

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
2016

#### Office Sought:
Primary

#### Disbursement ID: D682328

#### Date of Public Distribution/Dissemination
10/12/2015

#### Amount
6368.47

#### Date of Disbursement or Obligation
10/12/2015

#### Full Name of Payee
**Alliance Graphics**

#### Mailing Address
1101 8th Street

#### City
Berkeley

#### State
CA

#### Zip Code
94710

#### Purpose of Expenditure
Printing

#### Category/Type

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
2016

#### Office Sought:
Primary

#### Disbursement ID: D682328

#### Date of Public Distribution/Dissemination
10/12/2015

#### Amount
6368.47

#### Date of Disbursement or Obligation
10/12/2015

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**
01/31/2015
## SCHEDULE E  (FEC Form 3X)
### ITEMIZED INDEPENDENT EXPENDITURES

For Line 24 of Form 3X

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<th>Amount</th>
<th>Transaction ID</th>
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<td>777.79</td>
<td>D682369</td>
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### Full Name of Payee

- **Autumn Press**
- **Alliance Graphics**

### Full Name of Payee

- **Autumn Press**
- **Alliance Graphics**

### Date of Public Distribution/Dissemination

- 10/12/2015
- 10/14/2015

### Amount

- 26606.82
- 777.79

### Transaction ID

- D682393
- D682369

### Purpose of Expenditure

- **Printing**

### Calendar Year-To-Date

- Per Election for Office Sought: 645099.79

### Office Sought

- **House**
- **President**

### Other (specify)

- **Primary**

### Disbursement For:

- 2016

### Name of Federal Candidate

- **Bernie Sanders**

### Signature

- **Martha Kuhl**

---

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]
### Schedule E (FEC Form 3X)
#### Itemized Independent Expenditures

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Date of Public Distribution/Dissemination</th>
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<td>7180.18</td>
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(a) **SUBTOTAL** of Itemized Independent Expenditures: **7364.18**

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

(c) **TOTAL** Independent Expenditures: 

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

**Martha Kuhl**

[Electronically Filed]  

Date 01/31/2015
**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER**
C00490375

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<table>
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**Transaction ID:** D683268

**Purpose of Expenditure**
Printing

**City**
Berkeley

**State**
CA

**Zip Code**
94710

**Name of Federal Candidate**
Bernie Sanders

**Office Sought**
X Support

**President**

**Senate**

**State**
DC

**Disbursement For**
X Primary

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<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Date of Public Distribution/Dissemination</th>
<th>Amount</th>
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<tbody>
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</table>

**Transaction ID:** D683270

**Purpose of Expenditure**
Printing

**City**
Berkeley

**State**
CA

**Zip Code**
94710

**Name of Federal Candidate**
Bernie Sanders

**Office Sought**
X Support

**President**

**Senate**

**State**
DC

**Disbursement For**
X Primary

---

| (a) SUBTOTAL of Itemized Independent Expenditures | 3098.98 |
| (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 01/31/2015

Signature
### SCHEDULE E (FEC Form 3X)

**ITEMIZED INDEPENDENT EXPENDITURES**

**For Line 24 of Form 3X**

**NAME OF COMMITTEE (In Full)**

National Nurses United for Patient Protection

---

**Check if**  
- [ ] 24-hour report  
- [ ] 48-hour report  
- [ ] New report  
- [ ] Amends report filed on

---

**Full Name of Payee**

Autumn Press

**Mailing Address**

945 Camelia St

**City**

Berkeley

**State**

CA

**Zip Code**

94710-1437

**Purpose of Expenditure**

Printing

**Category/Type**

- [x] Support
- [ ] Oppose

**Name of Federal Candidate**

Bernie Sanders

**Office Sought**

- [x] House
- [ ] Senate

**District**

00

**State**

DC

**Calendar Year-To-Date**

Per Election for Office Sought

645099.79

**Disbursement For**

- [x] Primary
- [ ] General

**Transaction ID**: D683341

**Date of Disbursement or Obligation**

10 28 2015

**Amount**

2726.01

---

**Full Name of Payee**

Autumn Press

**Mailing Address**

945 Camelia St

**City**

Berkeley

**State**

CA

**Zip Code**

94710-1437

**Purpose of Expenditure**

Printing

**Category/Type**

- [x] Support
- [ ] Oppose

**Name of Federal Candidate**

Bernie Sanders

**Office Sought**

- [x] President
- [ ] Senate

**District**

00

**State**

DC

**Calendar Year-To-Date**

Per Election for Office Sought

645099.79

**Disbursement For**

- [x] Primary
- [ ] General

**Transaction ID**: D683342

**Date of Disbursement or Obligation**

10 28 2015

**Amount**

1132.55

---

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

3858.56

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

(c) **TOTAL** Independent Expenditures

---

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

Martha Kuhl  
[Electronically Filed]

Signature

Date 01 31 2015
### National Nurses United for Patient Protection

#### Full Name of Payee
Postal Systems, Inc.

#### Mailing Address
1890 North Blvd.

#### City, State, Zip Code
San Leandro, CA, 94577

#### Purpose of Expenditure
Postalage

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
- Support
- Other (specify)

#### Disbursement For:
- Other (specify)

#### Date of Public Distribution/Dissemination
02/29/2015

#### Amount
2294.07

#### Transaction ID:
D6683443

---

### Lamar Companies

#### Full Name of Payee
Lamar Companies

#### Mailing Address
PO Box 96030

#### City, State, Zip Code
Baton Rouge, LA, 70896

#### Purpose of Expenditure
Printing

#### Name of Federal Candidate
Bernie Sanders

#### Calendar Year-To-Date
645099.79

#### Disbursement For:
- Support
- Other (specify)

#### Disbursement For:
- Other (specify)

#### Date of Public Distribution/Dissemination
02/11/2015

#### Amount
8250.00

#### Transaction ID:
D6689882

---

### Summary

#### (a) SUBTOTAL of Itemized Independent Expenditures
10544.07

#### (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 01/31/2015
<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Lamar Companies</th>
<th>Outfront Media</th>
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<td>Mailing Address</td>
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<td>PO Box 33074</td>
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<td>LA</td>
<td>NJ</td>
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<tr>
<td>State</td>
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<tr>
<td>Purpose of Expenditure</td>
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</tr>
<tr>
<td>Category/Type</td>
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</tr>
<tr>
<td>Name of Federal Candidate</td>
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<td>Office Sought</td>
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<tr>
<td>Disbursement For</td>
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<td>Other (specify)</td>
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(a) SUBTOTAL of Itemized Independent Expenditures: 69676.00

(b) SUBTOTAL of Unitemized Independent Expenditures: [Blank]

(c) TOTAL Independent Expenditures: [Blank]

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

Martha Kuhl [Electronically Filed]
Signature
Date 01/31/2015
National Nurses United for Patient Protection

Full Name of Payee
Lamar Companies

Mailing Address
PO Box 96030

City
Baton Rouge

State
LA

Zip Code
70896

Purpose of Expenditure
Printing

Name of Federal Candidate
Bernie Sanders

Office Sought: Support

Disbursement For:

Calendar Year-To-Date
645099.79

Per Election for Office Sought

Disbursement ID: D689885

Amount
29125.00

Date of Public Distribution/Dissemination
11/04/2015

Date of Disbursement or Obligation
11/03/2015

Full Name of Payee
Lamar Companies

Mailing Address
PO Box 96030

City
Baton Rouge

State
LA

Zip Code
70896

Purpose of Expenditure
Printing

Name of Federal Candidate
Bernie Sanders

Office Sought: Support

Disbursement For:

Calendar Year-To-Date
645099.79

Per Election for Office Sought

Disbursement ID: D689886

Amount
5560.00

Date of Public Distribution/Dissemination
11/02/2015

Date of Disbursement or Obligation
11/03/2015

(a) SUBTOTAL of Itemized Independent Expenditures .......................................................... 34685.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..........................................................

(c) TOTAL Independent Expenditures ..........................................................................................

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Martha Kuhl [Electronically Filed] Date 01/31/2015

Signature
<table>
<thead>
<tr>
<th>Full Name of Payee</th>
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<th>Clear Channel Outdoor</th>
</tr>
</thead>
<tbody>
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<tr>
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(a) SUBTOTAL of Itemized Independent Expenditures: 52700.00

(b) SUBTOTAL of Unitemized Independent Expenditures:

(c) TOTAL Independent Expenditures:

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Martha Kuhl

[Electronically Filed] Date 01/31/2015
### National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER**  C00490375

**NAME OF COMMITTEE (In Full)**

National Nurses United for Patient Protection

---

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Clear Channel Outdoor</td>
<td>PO Box 591790</td>
<td>San Antonio</td>
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<td>78259-0139</td>
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**Purpose of Expenditure**

Print advertising

**Date of Public Distribution/Dissemination**  MM/DD/YYYY  11/30/2015

**Amount**  32250.00

**Transaction ID**  D690710

**Date of Disbursement or Obligation**  MM/DD/YYYY  11/04/2015

**Name of Federal Candidate**

BERNARD SANDERS

**Office Sought**

- Support House District: 00
- President Senate State: NV

**Disbursement For**

- Primary

---

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Autumn Press</td>
<td>945 Camelia St</td>
<td>Berkeley</td>
<td>CA</td>
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**Purpose of Expenditure**

Printing

**Date of Public Distribution/Dissemination**  MM/DD/YYYY  11/07/2015

**Amount**  466.32

**Transaction ID**  D689917

**Date of Disbursement or Obligation**  MM/DD/YYYY  11/06/2015

**Name of Federal Candidate**

Bernie Sanders

**Office Sought**

- Support President Senate State: DC

**Disbursement For**

- Primary

---

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<td><strong>(c) TOTAL Independent Expenditures</strong></td>
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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**  [Electronically Filed]  Date  MM/DD/YYYY  01/31/2015

**Signature**
### Full Name of Payee: Campaign Workshop

- **Mailing Address:** 1129 20th Street, Suite 200
- **City:** Washington, **State:** DC, **Zip Code:** 20036
- **Purpose of Expenditure:** Online advertising
- **Name of Federal Candidate:** Bernie Sanders
- **Calendar Year-To-Date Per Election for Office Sought:** 645099.79
- **Disbursement For:** Primary
- **Date of Disbursement or Obligation:** 11/11/2015
- **Amount:** 23824.24
- **Transaction ID:** D689918

### Full Name of Payee: Lamar Companies

- **Mailing Address:** PO Box 96030
- **City:** Baton Rouge, **State:** LA, **Zip Code:** 70896
- **Purpose of Expenditure:** Print advertising
- **Name of Federal Candidate:** BERNARD SANDERS
- **Calendar Year-To-Date Per Election for Office Sought:** 23911.50
- **Disbursement For:** Primary
- **Date of Disbursement or Obligation:** 11/16/2015
- **Amount:** 19687.50
- **Transaction ID:** D689968

### (a) SUBTOTAL of Itemized Independent Expenditures

- **Amount:** 43511.74

### (b) SUBTOTAL of Unitemized Independent Expenditures

- **Amount:**

### (c) TOTAL Independent Expenditures

- **Amount:**

---

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Martha Kuhl

[Electronically Filed]

Signature
<table>
<thead>
<tr>
<th>Payee</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Purpose of Expenditure</th>
<th>Date of Public Distribution/Dissemination</th>
<th>Amount</th>
<th>Transaction ID</th>
<th>Date of Disbursement or Obligation</th>
<th>Category/Type</th>
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<td>10466.00</td>
<td>D689982</td>
<td>11/10/2015</td>
<td>Support</td>
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</tbody>
</table>

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Martha Kuhl

[Electronically Filed]
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<th>Full Name of Payee</th>
<th>Purpose of Expenditure</th>
<th>Category/Type</th>
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<th>State</th>
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Martha Kuhl

Signature

[Electronically Filed] Date 01/31/2015
# FEC Schedule E (FEC Form 3X)

**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER**
C00490375

**DATE OF FILING**
MM/DD/YYYY

**DATE OF PUBLIC DISTRIBUTION/DISSEMINATION**
MM/DD/YYYY 2015

**AMOUNT**
28834.92

**TRANSACTION ID:** D689991

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<th>State</th>
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<tbody>
<tr>
<td>Autumn Press</td>
<td>945 Camelia St</td>
<td>Berkeley</td>
<td>CA</td>
<td>94710-1437</td>
</tr>
</tbody>
</table>

**Purpose of Expenditure**
Printing

**Name of Federal Candidate**
Bernie Sanders

**Calendar Year-To-Date Per Election for Office Sought**
645099.79

**Disbursement For:**
Primary

**Office Sought:**
House District: 00
President Senate State: DC

**Date of Disbursement or Obligation**
MM/DD/YYYY 2015

**Full Name of Payee**
Autumn Press

**Mailing Address**
945 Camelia St

**City**
Berkeley

**State**
CA

**Zip Code**
94710-1437

**Purpose of Expenditure**
Printing

**Name of Federal Candidate**
BERNARD SANDERS

**Calendar Year-To-Date Per Election for Office Sought**
137019.01

**Disbursement For:**
Primary

**Office Sought:**
House District: 00
President Senate State: IA

---

**Category/Type**

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

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

(c) **TOTAL** Independent Expenditures

---

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**Signature**
Martha Kuhl

[Electronically Filed] Date 01/31/2015

---

FEC Schedule E (Form 3X) Rev. 09/2013
**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER ▼**
C00490375

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER ▼**
C00490375

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
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</tr>
<tr>
<td>City</td>
<td>Berkeley</td>
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<tr>
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<td>Disbursement For:</td>
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**Description:**
- **Transaction ID:** D689993
- **Date of Public Distribution/Dissemination:** 11/12/2015
- **Amount:** 2144.01

**Full Name of Payee**
Alliance Graphics

**Mailing Address**
1101 8th Street

**City**
Berkeley

**State**
CA

**Zip Code**
94710

| Purpose of Expenditure | Printing |
| Category/Type |                   |
| Name of Federal Candidate | Bernie Sanders |
| Office Sought      | President        |
| District           | House            |
| District           | Senate           |
| State              | DC               |
| Calendar Year-To-Date |               |
| Per Election for Office Sought | 645099.79 |
| Disbursement For:  | Primary          |
| Other (specify)    |                  |

**Description:**
- **Transaction ID:** D689994
- **Date of Public Distribution/Dissemination:** 11/12/2015
- **Amount:** 1161.20

**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 01/31/2015

| (a) SUBTOTAL of Itemized Independent Expenditures | 3305.21 |
| (b) SUBTOTAL of Unitemized Independent Expenditures |       |
| (c) TOTAL Independent Expenditures               |       |
**NAME OF COMMITTEE (In Full)**

National Nurses United for Patient Protection

---

**FEC IDENTIFICATION NUMBER ▼**

C00490375

---

**Check if □ 24-hour report □ 48-hour report □ New report □ Amends report filed on**

---

**Full Name of Payee**

Alliance Graphics

**Mailing Address**

1101 8th Street

**City**

Berkeley

**State**

CA

**Zip Code**

94710

**Purpose of Expenditure**

Printing

**Amount**

12114.81

**Transaction ID :** D689995

**Date of Public Distribution/Dissemination**

11 / 12 / 2015

**Date of Disbursement or Obligation**

11 / 12 / 2015

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**Name of Federal Candidate**

Bernie Sanders

**Office Sought:**

House District: 00

**Disbursement For:**

Primary

---

**Calendar Year-To-Date Per Election for Office Sought**

645099.79

---

**Full Name of Payee**

Outfront Media

**Mailing Address**

185 US Highway 46

**City**

Fairfield

**State**

NJ

**Zip Code**

07004

**Purpose of Expenditure**

Print advertising

**Amount**

11966.50

**Transaction ID :** D690136

**Date of Public Distribution/Dissemination**

11 / 16 / 2015

**Date of Disbursement or Obligation**

11 / 16 / 2015

---

**Name of Federal Candidate**

BERNARD SANDERS

**Office Sought:**

President Senate State: NV

**Disbursement For:**

Primary

---

**Calendar Year-To-Date Per Election for Office Sought**

103164.16

---

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

24081.31

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

(c) **TOTAL** Independent Expenditures

---

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Martha Kuhl

[Electronically Filed]

Signature
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<th>Full Name of Payee</th>
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<td>Name of Federal Candidate</td>
<td>BERNARD SANDERS</td>
<td>Office Sought</td>
<td>House District: 00</td>
<td></td>
</tr>
<tr>
<td>Calendar Year-To-Date</td>
<td>Per Election for Office Sought</td>
<td>9299.23</td>
<td></td>
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</tr>
<tr>
<td>Disbursement For:</td>
<td>Primary</td>
<td>Disbursement For:</td>
<td>Primary</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Alliance Graphics</th>
<th>Date of Public Distribution/Dissemination</th>
<th>M / D / Y</th>
<th>11 / 13 / 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1101 8th Street</td>
<td>Amount</td>
<td>32.71</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Berkeley</td>
<td>State</td>
<td>CA</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Berkeley</td>
<td>Zip Code</td>
<td>94710</td>
<td></td>
</tr>
<tr>
<td>Purpose of Expenditure</td>
<td>Shipping</td>
<td>Category/Type</td>
<td>645099.79</td>
<td></td>
</tr>
<tr>
<td>Name of Federal Candidate</td>
<td>Bernie Sanders</td>
<td>Office Sought</td>
<td>House District: 00</td>
<td></td>
</tr>
<tr>
<td>Calendar Year-To-Date</td>
<td>Per Election for Office Sought</td>
<td>645099.79</td>
<td></td>
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<td>Disbursement For:</td>
<td>Primary</td>
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<td>Primary</td>
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</tr>
</tbody>
</table>

(a) SUBTOTAL of Itemized Independent Expenditures: 9331.94
(b) SUBTOTAL of Unitemized Independent Expenditures: 
(c) TOTAL Independent Expenditures: 

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

Martha Kuhl                               [Electronically Filed] Date 01 / 31 / 2015
Signature
**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**ITEMIZED INDEPENDENT EXPENDITURES**

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Purpose of Expenditure</th>
<th>Category/Type</th>
<th>Name of Federal Candidate</th>
<th>Calendar Year-To-Date</th>
<th>Per Election for Office Sought</th>
<th>Date of Public Distribution/Dissemination</th>
<th>Amount</th>
<th>Transaction ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autumn Press</td>
<td>945 Camelia St</td>
<td>Berkeley</td>
<td>CA</td>
<td>94710-1437</td>
<td>Printing</td>
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<td>11/13/2015</td>
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<tr>
<td>Lamar Companies</td>
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(a) **SUBTOTAL** of Itemized Independent Expenditures .......................................................... ► 3731.40

(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 01/31/2015
### National Nurses United for Patient Protection

**Full Name of Payee:** Javier Moreno Pollaroio  
**Mailing Address:** 1521 3rd Ave  
**City:** Oakland  
**State:** CA  
**Zip Code:** 94606  
**Purpose of Expenditure:** Translation services  
**Name of Federal Candidate:** Bernie Sanders  
**Calendar Year-To-Date Per Election for Office Sought:** 645099.79  
**Date of Public Distribution/Dissemination:** 11/25/2015  
**Amount:** 107.76  
**Transaction ID:** D690633  
**Disbursement For:** Primary  
**Office Sought:** House  
**District:** 00  
**State:** DC  

**Full Name of Payee:** Alliance Graphics  
**Mailing Address:** 1101 8th Street  
**City:** Berkeley  
**State:** CA  
**Zip Code:** 94710  
**Purpose of Expenditure:** Printing  
**Name of Federal Candidate:** Bernie Sanders  
**Calendar Year-To-Date Per Election for Office Sought:** 645099.79  
**Date of Public Distribution/Dissemination:** 12/03/2015  
**Amount:** 17159.50  
**Transaction ID:** D690857  
**Disbursement For:** Primary  
**Office Sought:** House  
**District:** 00  
**State:** DC  

(a) **SUBTOTAL** of Itemized Independent Expenditures: 17267.26  
(b) **SUBTOTAL** of Unitemized Independent Expenditures:  
(c) **TOTAL** Independent Expenditures:  

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

*Martha Kahl*

[Electronically Filed]  
**Signature**  
**Date:** 01/31/2015
NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on ☐

Full Name of Payee
California Nurses Association
Iowa caucus

Mailing Address
2000 Franklin Street

City Oakland
State CA
Zip Code 94612

Purpose of Expenditure
Online advertising

Name of Federal Candidate
BERNARD SANDERS

Calendar Year-To-Date
Per Election for Office Sought 137019.01

Date of Public Distribution/Dissemination
04 / 12 / 2015

Amount 5000.00

Transaction ID: D691080

Date of Disbursement or Obligation
07 / 12 / 2015

Disbursement For: ☑ Primary ☐ General

Office Sought: ☐ House District: 00
President ☐ Senate State: IA

Full Name of Payee
California Nurses Association
Nevada primary

Mailing Address
2000 Franklin Street

City Oakland
State CA
Zip Code 94612

Purpose of Expenditure
Online advertising

Name of Federal Candidate
BERNARD SANDERS

Calendar Year-To-Date
Per Election for Office Sought 103164.16

Date of Public Distribution/Dissemination
04 / 12 / 2015

Amount 5000.00

Transaction ID: D691081

Date of Disbursement or Obligation
07 / 12 / 2015

Disbursement For: ☑ Primary ☐ General

Office Sought: ☐ House District: 00
President ☑ Senate State: NV

(a) SUBTOTAL of Itemized Independent Expenditures................................. 10000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ................................

(c) TOTAL Independent Expenditures............................................................

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

Martha Kuhl
[Electronically Filed]
Date 01 / 31 / 2015
SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Check if 24-hour report 48-hour report New report Amends report filed on

<table>
<thead>
<tr>
<th>ITEMIZED INDEPENDENT EXPENDITURES</th>
<th>FOR LINE 24 OF FORM 3X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Payee</td>
<td></td>
</tr>
<tr>
<td>Autumn Press</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>945 Camelia St</td>
</tr>
<tr>
<td>City</td>
<td>Berkeley</td>
</tr>
<tr>
<td>State</td>
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</tr>
<tr>
<td>Purpose of Expenditure</td>
<td>Printing</td>
</tr>
<tr>
<td>Category/Type</td>
<td></td>
</tr>
<tr>
<td>Name of Federal Candidate</td>
<td>Bernie Sanders</td>
</tr>
<tr>
<td>Office Sought</td>
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<tr>
<td>Support</td>
<td></td>
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<tr>
<td>Oppose</td>
<td></td>
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<tr>
<td>Calendar Year-To-Date</td>
<td>Per Election for Office Sought</td>
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<tr>
<td>Date of Public Distribution/Dissemination</td>
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<td>Amount</td>
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<td>Disbursement For</td>
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<td>Other (specify)</td>
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</table>

Full Name of Payee
Alliance Graphics

Mailing Address
1101 8th Street

City
Berkeley
State
CA
Zip Code
94710

Purpose of Expenditure
Printing

Category/Type

Name of Federal Candidate
Bernie Sanders

Office Sought

Support
Oppose

Calendar Year-To-Date
Per Election for Office Sought
645099.79

Date of Public Distribution/Dissemination
12/08/2015

Amount
6007.90

Disbursement For
Primary
General

(a) SUBTOTAL of Itemized Independent Expenditures.................................................................
7384.44

(b) SUBTOTAL of Unitemized Independent Expenditures .............................................................

(c) TOTAL Independent Expenditures...........................................................................................

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

Martha Kuhl
[Electronically Filed]

Signature

Date 01/31/2015

FEC Schedule E (Form 3X) Rev. 09/2013
**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER**
C00490375

---

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>California Nurses Association</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>2000 Franklin Street</td>
</tr>
<tr>
<td>City</td>
<td>Oakland</td>
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<tr>
<td>State</td>
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<tr>
<td>Purpose of Expenditure</td>
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<tr>
<td>Category/Type</td>
<td></td>
</tr>
<tr>
<td>Name of Federal Candidate</td>
<td>Bernie Sanders</td>
</tr>
<tr>
<td>Office Sought</td>
<td></td>
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<tr>
<td>Disbursement For</td>
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<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Lamar Companies</th>
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<tbody>
<tr>
<td>Mailing Address</td>
<td>PO Box 96030</td>
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<tr>
<td>City</td>
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<td>State</td>
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<td>Zip Code</td>
<td>70896</td>
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<tr>
<td>Purpose of Expenditure</td>
<td>Print advertising</td>
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<td>Category/Type</td>
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<tr>
<td>Name of Federal Candidate</td>
<td>BERNARD SANDERS</td>
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<tr>
<td>Office Sought</td>
<td></td>
</tr>
<tr>
<td>Disbursement For</td>
<td></td>
</tr>
</tbody>
</table>

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| (a) SUBTOTAL of Itemized Independent Expenditures | 2074.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures |                                  |
| (c) TOTAL Independent Expenditures |                                  |

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

*Martha Kuhl*

Signature: [Electronically Filed]

Date: 01/31/2015
**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

---

**FULL NAME OF PAYEE**
Autumn Press

**MAILING ADDRESS**
945 Camelia St

**CITY**
Berkeley

**STATE**
CA

**ZIP CODE**
94710-1437

**PURPOSE OF EXPENDITURE**
Printing

**AMOUNT**
5738.56

**TRANSACTION ID**
D691232

**DATE OF PUBLIC DISTRIBUTION/DISSEMINATION**
12/11/2015

**DATE OF DISBURSEMENT OR OBLIGATION**
12/10/2015

---

**FULL NAME OF PAYEE**
Autumn Press

**MAILING ADDRESS**
945 Camelia St

**CITY**
Berkeley

**STATE**
CA

**ZIP CODE**
94710-1437

**PURPOSE OF EXPENDITURE**
Printing

**AMOUNT**
3148.75

**TRANSACTION ID**
D691233

**DATE OF PUBLIC DISTRIBUTION/DISSEMINATION**
12/11/2015

**DATE OF DISBURSEMENT OR OBLIGATION**
12/10/2015

---

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]

Mail to: Federal Election Commission  
300 Independence Ave, SW  
Washington, DC 20546-9000  
Federal Election Commission Washington, D.C. 20546-9000  
(202) 694-9000  
Fax # (202) 694-9500  
[Electronically Filed]

---

**Reconciliation of Amounts**

(a) **SUBTOTAL** of Itemized Independent Expenditures .................. 8887.31

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

(c) **TOTAL** Independent Expenditures ........................................

---

**Date**
01/31/2015

---

**FEC IDENTIFICATION NUMBER**
C00490375

---

**DATE OF PUBLIC DISTRIBUTION/DISSEMINATION**

**DATE OF DISBURSEMENT OR OBLIGATION**

**PURPOSE OF EXPENDITURE**

**NAME OF FEDERAL CANDIDATE**

**OFFICE SOUGHT**

**STATE**

**ZIP CODE**

---

**SCHEDULE E (FEC Form 3X)**

**ITEMIZED INDEPENDENT EXPENDITURES**

---

**Page 46 of 53**

**FOR LINE 24 OF FORM 3X**
### Full Name of Payee: Electrum Resources
- **Mailing Address:** 23535 Maysville Rd
- **City:** Maysville  
  **State:** IA  
  **Zip Code:** 52773-9767
- **Purpose of Expenditure:** Printing
- **Name of Federal Candidate:** Bernie Sanders
  - **Office Sought:** President  
  **State:** DC
- **Calendar Year-To-Date Per Election for Office Sought:** 645099.79
- **Disbursement For:** Primary
- **Amount:** $1850.00
- **Date of Disbursement or Obligation:** 12/15/2015
- **Transaction ID:** D691560

### Full Name of Payee: John Murray Productions
- **Mailing Address:** 1196 32nd Street
- **City:** Emeryville  
  **State:** CA  
  **Zip Code:** 94608
- **Purpose of Expenditure:** Event production and staging
- **Name of Federal Candidate:** Bernie Sanders
  - **Office Sought:** President  
  **State:** DC
- **Calendar Year-To-Date Per Election for Office Sought:** 645099.79
- **Disbursement For:** Primary
- **Amount:** $6903.68
- **Date of Disbursement or Obligation:** 12/16/2015
- **Transaction ID:** D691557

### Subtotals and Total Expenditures

(a) **SUBTOTAL** of Itemized Independent Expenditures: $8753.68

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

(c) **TOTAL** Independent Expenditures

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*Martha Kahl*

[Electronically Filed]  
**Date:** 01/31/2015

---

**Note:** The image contains a portion of the form that is not fully visible, and the text may be incomplete or missing some details due to the cropping or quality of the image.
### National Nurses United for Patient Protection

**FEC IDENTIFICATION NUMBER**
C00490375

#### Full Name of Payee
**California Nurses Association**

**Mailing Address**
2000 Franklin Street

**City**
Oakland

**State**
CA

**City**
Oakland

**Date of Public Distribution/Dissemination**
12/16/2015

**Amount**
50.00

**Transaction ID**
D691558

**Purpose of Expenditure**
Online advertising

**Category/Type**

**Name of Federal Candidate**
Bernie Sanders

**Office Sought**
House District: 00

**President**

**Senate**

**State**
DC

**Calendar Year-To-Date Per Election for Office Sought**
645099.79

**Disbursement For**
Primary

**Other (specify)**

---

#### Full Name of Payee
**ELead Resources**

**Mailing Address**
314 W Superior St

**City**
Chicago

**State**
IL

**State**
IL

**City**
Chicago

**Date of Public Distribution/Dissemination**
12/18/2015

**Amount**
1687.50

**Transaction ID**
D691559

**Purpose of Expenditure**
Printing & shipping

**Category/Type**

**Name of Federal Candidate**
Bernie Sanders

**Office Sought**
House District: 00

**President**

**Senate**

**State**
DC

**Calendar Year-To-Date Per Election for Office Sought**
645099.79

**Disbursement For**
Primary

**Other (specify)**

---

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

1737.50

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

(c) **TOTAL** Independent Expenditures

---

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**Martha Kuhl**

[Electronically Filed] **Date**
01/31/2015
# SCHEDULE E (FEC Form 3X)

**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Campaign Workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1129 20th Street, Suite 200</td>
</tr>
<tr>
<td>City</td>
<td>Washington</td>
</tr>
<tr>
<td>State</td>
<td>DC</td>
</tr>
<tr>
<td>Zip Code</td>
<td>20036</td>
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</tbody>
</table>

**Purpose of Expenditure**
- Printing and mailshop fees

**Name of Federal Candidate**
BERNARD SANDERS
- Support

**Calendar Year-To-Date**
Per Election for Office Sought: 137019.01

**Disbursement For:**
- Other (specify)

---

<table>
<thead>
<tr>
<th>Full Name of Payee</th>
<th>Campaign Workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1129 20th Street, Suite 200</td>
</tr>
<tr>
<td>City</td>
<td>Washington</td>
</tr>
<tr>
<td>State</td>
<td>DC</td>
</tr>
<tr>
<td>Zip Code</td>
<td>20036</td>
</tr>
</tbody>
</table>

**Purpose of Expenditure**
- Printing and mailshop fees

**Name of Federal Candidate**
BERNARD SANDERS
- Support

**Calendar Year-To-Date**
Per Election for Office Sought: 103164.16

**Disbursement For:**
- Other (specify)

---

**(a) SUBTOTAL of Itemized Independent Expenditures**
80043.93

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

**(c) TOTAL Independent Expenditures**

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**Martha Kuhl**  
[Electronically Filed] Date 01/31/2015
# SCHEDULE E (FEC Form 3X)
## ITEMIZED INDEPENDENT EXPENDITURES
### For Line 24 of Form 3X

#### NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Check if 24-hour report 48-hour report New report Amends report filed on

---

#### FEC IDENTIFICATION NUMBER
C00490375

---

#### Full Name of Payee

**Campaign Workshop**

#### Mailing Address
1129 20th Street, Suite 200

#### City State Zip Code
Washington DC 20036

#### Purpose of Expenditure

**Printing and mailshop fees**

#### Category/Type

<table>
<thead>
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**Transaction ID**: D693074

#### Date of Disbursement or Obligation
2015-12-21

#### Office Sought
**President**

#### State
**NV**

#### Disbursement For
**Primary**

---

#### Full Name of Payee

**Bus Bank**

#### Mailing Address
820 West Jackson

#### City State Zip Code
Chicago IL 60607

#### Purpose of Expenditure

**Bus tour expenses**

#### Category/Type

<table>
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<th>Amount</th>
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**Transaction ID**: D691806

#### Date of Disbursement or Obligation
2015-12-22

#### Office Sought
**President**

#### State
**DC**

#### Disbursement For
**Primary**

---

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

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

(c) **TOTAL** Independent Expenditures

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_Martha Kuhl_

[Electronically Filed]

---

Signature

---

Date 01/31/2015
**SCHEDULE E (FEC Form 3X)**

**ITEMIZED INDEPENDENT EXPENDITURES**

<table>
<thead>
<tr>
<th>Name of Payee</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Date of Public Distribution/Dissemination</th>
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<tbody>
<tr>
<td>Alliance Graphics</td>
<td>1101 8th Street</td>
<td>Berkeley</td>
<td>CA</td>
<td>94710</td>
<td>01/04/2016</td>
</tr>
</tbody>
</table>

Purpose of Expenditure:
- Printing

**Name of Federal Candidate**: Bernie Sanders

- Support

**Office Sought**:
- President
- Senate
- State: DC

**Disbursement For**: Primary

**Calendar Year-To-Date Per Election for Office Sought**: 2016

**Amount**: 1780.02

**Transaction ID**: D691807

---

**Full Name of Payee**: Alliance Graphics

**Mailing Address**: 1101 8th Street

**City**: Berkeley

**State**: CA

**Zip Code**: 94710

Purpose of Expenditure:
- Printing

**Name of Federal Candidate**: Bernie Sanders

- Support

**Office Sought**:
- President
- Senate
- State: DC

**Disbursement For**: Primary

**Calendar Year-To-Date Per Election for Office Sought**: 2016

**Amount**: 3675.13

**Transaction ID**: D691808

---

(a) **SUBTOTAL** of Itemized Independent Expenditures: 5455.15

(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 01/31/2015

Signature
## SCHEDULE E (FEC Form 3X)

**NAME OF COMMITTEE (In Full)**
National Nurses United for Patient Protection

**Check if**  
- 24-hour report  
- 48-hour report  
- New report  
- Amends report filed on

### (a) SUBTOTAL of Itemized Independent Expenditures

<table>
<thead>
<tr>
<th>Payee</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Purpose of Expenditure</th>
<th>Category/Type</th>
<th>Name of Federal Candidate</th>
<th>Office Sought</th>
<th>Disbursement For</th>
<th>Date of Distribution/Dissemination</th>
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<td>Support</td>
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<td>01/04/2016</td>
<td>11940.00</td>
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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.**

**Signature**

---

**[Electronically Filed] Date**

---

**FEC IDENTIFICATION NUMBER**
C00490375

---

**Date of Public Distribution/Dissemination**
01/04/2016

**Amount**
11940.00

**Date of Disbursement or Obligation**
12/28/2015

**Transaction ID:** D691809

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**Date of Public Distribution/Dissemination**
01/04/2016

**Amount**
9511.69

**Date of Disbursement or Obligation**
12/28/2015

**Transaction ID:** D691810

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**FEC Schedule E (Form 3X) Rev. 09/2013**
NAME OF COMMITTEE (In Full)  
National Nurses United for Patient Protection

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<th>48-hour report</th>
<th>New report</th>
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<th>Category/Type</th>
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<th>Office Sought</th>
<th>Disbursement For</th>
<th>Calendar Year-To-Date Per Election for Office Sought</th>
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<th>Office Sought</th>
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<td>Bernie Sanders</td>
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<td>645099.79</td>
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</table>

(a) SUBTOTAL of Itemized Independent Expenditures ........................................................................ 2286.95

(b) SUBTOTAL of Unitemized Independent Expenditures ..................................................................

(c) TOTAL Independent Expenditures ........................................................................................ 918493.69

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 01/31/2015