

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                               | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>                                                                                                                                                                                                                                |  |                                                                                                                                                          |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |
| Full Name of Payee<br>Autumn Press                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                               | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">10 / 01 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>          |  |                                                                                                                                                          |
| Mailing Address 945 Camelia St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                               | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span>21697.50</span><span></span></div>                                                                                                                                                                                                |  |                                                                                                                                                          |
| City State Zip Code<br>Berkeley CA 94710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Transaction ID : B887165<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">10 / 02 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> |                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |
| Purpose of Expenditure<br>Postcard mailer with postage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Category/<br>Type 004                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |
| Name of Federal Candidate<br>Harris, Kamala, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                    |  | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span>3157152.26</span><span></span></div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ► _____                                             |  |                                                                                                                                                          |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                               | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> |  |                                                                                                                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                               | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span></span><span></span></div>                                                                                                                                                                                                        |  |                                                                                                                                                          |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>                    |                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Category/<br>Type                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                               |  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____         |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span></span><span></span></div><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ► _____                                                                       |  |                                                                                                                                                          |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span>21697.50</span><span></span></div>                                                                                                                                                                                                          |  |                                                                                                                                                          |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span></span><span></span></div>                                                                                                                                                                                                                  |  |                                                                                                                                                          |
| (c) TOTAL Independent Expenditures..... ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span>21697.50</span><span></span></div>                                                                                                                                                                                                          |  |                                                                                                                                                          |
| 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.<br><br><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature<br/><br/>Kuhl, Martha, , ,</div><div style="width: 20%; text-align: center;">Date<br/><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">10 / 03 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div></div><div style="width: 40%;"></div></div> |  |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |