

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 155 Grand Avenue		Amount 6037.60
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Reimbursement for phone banking	Category/ Type 001	Transaction ID : B890840 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate Alsobrooks, Angela, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 968566.36		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Fenton Communications Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024
Mailing Address 244 Madison Avenue Suite 307		Amount 500.00
City New York	State NY	Zip Code 20910
Purpose of Expenditure Ad designs	Category/ Type 004	Transaction ID : B890738 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024
Name of Federal Candidate Baldwin, Tammy, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 473761.67		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6537.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Kuhl, Martha, , ,

Signature

Date

MM / DD / YYYY
10 / 29 / 2024

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee AdQuick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024	
Mailing Address 322 Culver Blvd UnitV356		Amount 19714.29	
City Playa Del Ray	State CA	Zip Code 90293	Transaction ID : B890829
Purpose of Expenditure Billboard Truck Rental	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024	
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 155 Grand Avenue		Amount 6037.60	
City Oakland	State CA	Zip Code 94612	Transaction ID : B890838
Purpose of Expenditure Reimbursement for phone banking	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024	
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25751.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Kuhl, Martha, , ,

Signature

Date

MM / DD / YYYY
10 / 29 / 2024

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 155 Grand Avenue			Amount 6037.61		
City Oakland		State CA	Zip Code 94612		Transaction ID : B890834
Purpose of Expenditure Reimbursement for phone banking		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2024	
Name of Federal Candidate Brown, Sherrod, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 1022279.93			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Fenton Communications Inc.			Date of Public Distribution/Dissemination 10 / 25 / 2024		
Mailing Address 244 Madison Avenue Suite 307			Amount 500.00		
City New York		State NY	Zip Code 20910		Transaction ID : B890735
Purpose of Expenditure Ad designs		Category/ Type 004		Date of Disbursement or Obligation 10 / 25 / 2024	
Name of Federal Candidate Casey, Bob, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 714908.60			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					6537.61
(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.					
Signature Kuhl, Martha, , ,			Date 10 / 29 / 2024		

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee AdQuick			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 322 Culver Blvd UnitV356			Amount 19714.29		
City Playa Del Ray		State CA	Zip Code 90293		Transaction ID : B890824
Purpose of Expenditure Billboard Truck Rental		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2024	
Name of Federal Candidate Casey, Bob, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			714908.60 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address 155 Grand Avenue			Amount 6037.61		
City Oakland		State CA	Zip Code 94612		Transaction ID : B890836
Purpose of Expenditure Reimbursement for phone banking		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2024	
Name of Federal Candidate Casey, Bob, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			714908.60 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25751.90		
(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.					
Signature Kuhl, Martha, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY / /

Full Name of Payee GetThru		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 9450 SW Gemini Drive		Amount 19437.00
City Beaverton	State OR	Zip Code 97008
Purpose of Expenditure Phone and text campaign	Category/ Type 004	Transaction ID : B890751 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2024
Name of Federal Candidate Casey, Bob, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 155 Grand Avenue		Amount 6037.61
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Reimbursement for phone banking	Category/ Type 001	Transaction ID : B890832 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate Gallego, Ruban, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25474.61
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Kuhl, Martha, , ,

Signature

Date

MM / DD / YYYY
10 / 29 / 2024

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee AdQuick			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024	
Mailing Address 322 Culver Blvd UnitV356			Amount 19714.29	
City Playa Del Ray		State CA	Zip Code 90293	
Purpose of Expenditure Billboard Truck Rental		Category/ Type 004		Transaction ID : B890828 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2024
Name of Federal Candidate Gallego, Ruban, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: AZ	
Calendar Year-To-Date Per Election for Office Sought 415591.60			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee GetThru			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024	
Mailing Address 9450 SW Gemini Drive			Amount 9080.00	
City Beaverton		State OR	Zip Code 97008	
Purpose of Expenditure Phone and text campaign		Category/ Type 004		Transaction ID : B890752 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2024
Name of Federal Candidate Gallego, Ruban, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: AZ	
Calendar Year-To-Date Per Election for Office Sought 415591.60			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28794.29	
(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. Signature Kuhl, Martha, , , Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2024				

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Fenton Communications Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024
Mailing Address 244 Madison Avenue Suite 307		Amount 500.00
City New York	State NY	Zip Code 20910
Purpose of Expenditure Ad designs	Category/ Type 004	Transaction ID : B890734 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 155 Grand Avenue		Amount 6037.61
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Reimbursement for phone banking	Category/ Type 001	Transaction ID : B890831 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6537.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Kuhl, Martha, , ,
Signature

Date 10 / 29 / 2024

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee AdQuick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024		
Mailing Address 322 Culver Blvd UnitV356		Amount 177428.69		
City Playa Del Ray	State CA	Zip Code 90293	Transaction ID : B890817	
Purpose of Expenditure Billboard Truck Rental		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		4878672.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee GetThru		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024		
Mailing Address 9450 SW Gemini Drive		Amount 63421.76		
City Beaverton	State OR	Zip Code 97008	Transaction ID : B890749	
Purpose of Expenditure Phone and text campaign		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		4878672.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		240850.45		
(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.				
Signature Kuhl, Martha, , ,		Date MM / DD / YYYY 10 / 29 / 2024		

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address 155 Grand Avenue			Amount 6037.60		
City Oakland		State CA	Zip Code 94612		Transaction ID : B890837
Purpose of Expenditure Reimbursement for phone banking		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2024	
Name of Federal Candidate Low, Evan, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			258058.55 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee Fenton Communications Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 244 Madison Avenue Suite 307			Amount 500.00		
City New York		State NY	Zip Code 20910		Transaction ID : B890737
Purpose of Expenditure Ad designs		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2024	
Name of Federal Candidate Slotkin, Elissa, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			683717.66 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6537.60		
(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.					
Signature Kuhl, Martha, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY / /

Full Name of Payee AdQuick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024
Mailing Address 322 Culver Blvd UnitV356		Amount 19714.29
City Playa Del Ray	State CA	Zip Code 90293
Purpose of Expenditure Billboard Truck Rental	Category/ Type 004	Transaction ID : B890826 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate Slotkin, Elissa, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 155 Grand Avenue		Amount 6037.60
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Reimbursement for phone banking	Category/ Type 001	Transaction ID : B890841 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate Slotkin, Elissa, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25751.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	398525.45

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

Kuhl, Martha, , ,

Signature

Date

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10 / 29 / 2024