

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

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00490375 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |   |

|  |  |  |  |
|--|--|--|--|
| Full Name of Payee<br><b>North Wood Advertising</b>        |  | <input type="checkbox"/> Memo Item   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 22 / 2016</b> |
| Mailing Address<br>1201 Fifteen Building<br>15 South Fifth |  |  | Amount<br><b>14690.42</b>  |
| City<br>Minneapolis  | State<br>MN  | Zip Code<br>55402  | <b>Transaction ID : D711404</b>  |
| Purpose of Expenditure<br>Video Production                 | Category/Type  |  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>04 / 05 / 2016</b>        |
| Name of Federal Candidate<br>Bernie Sanders                | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought:<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate  | District: <u>00</u><br>State: <u>DC</u>  |
| Calendar Year-To-Date<br>Per Election for Office Sought    | <b>833324.95</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ | 2016   |

|   |  |  |  |
|---|--|--|--|
| Full Name of Payee<br><b>CSULB</b>                      |  | <input type="checkbox"/> Memo Item   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>04 / 07 / 2016</b> |
| Mailing Address<br>1250 Bellflower Blvd<br>SSPA 010B    |  |  | Amount<br><b>860.00</b>  |
| City<br>Long Beach                                      | State<br>CA  | Zip Code<br>90840-4601   | <b>Transaction ID : D712065</b>  |
| Purpose of Expenditure<br>Advertising                   | Category/Type  |  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>04 / 05 / 2016</b>        |
| Name of Federal Candidate<br>Bernie Sanders             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought:<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate  | District: <u>00</u><br>State: <u>CA</u>  |
| Calendar Year-To-Date<br>Per Election for Office Sought | <b>2042683.54</b>  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ | 2016   |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <b>15550.42</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ |                 |
| (c) <b>TOTAL</b> 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 **07 / 15 / 2016**