

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

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00490375
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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 <b>Outfront Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 18 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">13300.00</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D712730</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 13 / 2016
Purpose of Expenditure Advertising Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2042683.54</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Outfront Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 18 / 2016
Mailing Address 185 US Highway 46	Amount <span style="border: 1px solid black; padding: 2px;">61861.25</span>
City State Zip Code Fairfield NJ 07004	<b>Transaction ID : D712731</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 13 / 2016
Purpose of Expenditure Advertising Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2042683.54</span>	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">75161.25</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 Y Y  
07 / 15 / 2016

Signature