

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Campaign Workshop <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 23 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount 137.65
City State Zip Code Washington DC 20036	Transaction ID : D735480 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 23 / 2016
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Michael Konopacki <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 20 / 2016
Mailing Address PO Box 1917	Amount 600.00
City State Zip Code Madison WI 53701-1917	Transaction ID : D735481 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 23 / 2016
Purpose of Expenditure Cartoon Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	737.65
(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 Y Y
07 / 15 / 2016

Signature _____