

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Postal Systems, Inc.
Mailing Address 1890 North Blvd.
City San Leandro State CA Zip Code 94577
Purpose of Expenditure Postage Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 43325.04

Date of Public Distribution/Dissemination 02 / 12 / 2016
Amount 32015.64
Transaction ID : D710152
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NY
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Postal Systems, Inc.
Mailing Address 1890 North Blvd.
City San Leandro State CA Zip Code 94577
Purpose of Expenditure Postage Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 56330.50

Date of Public Distribution/Dissemination 02 / 12 / 2016
Amount 41251.30
Transaction ID : D710153
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: OH
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 73266.94, (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 Martha Kuhl [Electronically Filed] Date 02 / 13 / 2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing Category/Type

Date of Public Distribution/Dissemination 02 / 12 / 2016
Amount 11309.40
Transaction ID : D710154
Date of Disbursement or Obligation 02 / 08 / 2016

Name of Federal Candidate BERNARD SANDERS
Support [X] Oppose []
Calendar Year-To-Date Per Election for Office Sought 43325.04

Office Sought: [] House [X] President [] Senate
District: 00 State: NY
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing Category/Type

Date of Public Distribution/Dissemination
Amount 15079.20
Transaction ID : D710155
Date of Disbursement or Obligation 02 / 08 / 2016

Name of Federal Candidate BERNARD SANDERS
Support [X] Oppose []
Calendar Year-To-Date Per Election for Office Sought 56330.50

Office Sought: [] House [X] President [] Senate
District: 00 State: OH
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 26388.60, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 99655.54

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 Martha Kuhl

[Electronically Filed]

Date 02 / 13 / 2016