

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 Clear Channel Outdoor <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 591790	Amount 32250.00
City State Zip Code San Antonio TX 78259-0139	Transaction ID : D690710 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2015
Purpose of Expenditure Print advertising	Category/Type
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TX
Calendar Year-To-Date Per Election for Office Sought 103164.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2015
Mailing Address 945 Camelia St	Amount 466.32
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D689917 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32716.32
(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
06 / 07 / 2016

Signature