

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 Matrix Media
Mailing Address 463 E Town St
City Columbus State OH Zip Code 43215
Purpose of Expenditure Print Advertising
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 46817.34

Date of Public Distribution/Dissemination 04 / 12 / 2016
Amount 40673.46
Transaction ID : D711859
Date of Disbursement or Obligation 04 / 06 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: PA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Outfront Media
Mailing Address 185 US Highway 46
City Fairfield State NJ Zip Code 07004
Purpose of Expenditure Billboard
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 46817.34

Date of Public Distribution/Dissemination 04 / 11 / 2016
Amount 6143.88
Transaction ID : D711860
Date of Disbursement or Obligation 04 / 12 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: PA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 46817.34, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 46817.34

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 04 / 12 / 2016