

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
Date of Public Distribution/Dissemination 02 / 11 / 2016
Amount 71875.68
Transaction ID : D710134
Date of Disbursement or Obligation 02 / 08 / 2016
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Office Sought: [] House District: 00 [X] President [] Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 97007.74
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
Date of Public Distribution/Dissemination 12 / 11 / 2016
Amount 25132.06
Transaction ID : D710133
Date of Disbursement or Obligation 02 / 10 / 2016
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Office Sought: [] House District: 00 [X] President [] Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 97007.74
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 97007.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 97007.74

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

02 / 11 / 2016

Signature