24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
National Nurses United for Patient Protection						
	C C00490375					
Check if 24-hour report						
Full Name of Payee	Date of Public Distribution/Dissemination					
Clear Channel Outdoor	M M / D D / Y Y Y Y					
Mailing Address PO Box 591790	11 16 2015					
	Amount					
City State Zip Code	45300.00					
San Antonio TX 78259-0139	Transaction ID : D689894 Date of Disbursement or Obligation					
Purpose of Expenditure Printing Category/ Type	11 04 2015					
Name of Federal Candidate Support Office	e Sought: House District: 00					
BERNARD SANDERS Oppose	President Senate State: IA					
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:					
Full Name of Payee	Date of Public Distribution/Dissemination					
Lamar Companies	11 16 2015					
Mailing Address PO Box 96030	11 10 2013					
	Amount					
City State Zip Code	19687.50					
Baton Rouge LA 70896	Transaction ID : D689968 Date of Disbursement or Obligation					
Purpose of Expenditure Category/	M M / D D / Y Y Y					
Print advertising Type	11 09 2015					
Name of Federal Candidate Support Office	e Sought: House District: 00					
BERNARD SANDERS Oppose	President Senate State: SC					
2016	ursement For: X Primary General					
Per Election for Office Sought 19687.50 2016	Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	64987.50					
	7 7					
(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.						
Carolyn Hietamaki [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature	2010					

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

National Nurses United for Patient Protection	IDENTIFICATION NUMBER ▼ C00490375				
Check if 24-hour report 48-hour report New report Amends report filed on	/ D D / Y Y Y Y				
	olic Distribution/Dissemination				
Autumn Press	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 945 Camelia St Amount					
City State Zip Code	1256.44				
Berkeley CA 94710-1437 Transaction	Transaction ID : D689992 Date of Disbursement or Obligation				
Purpose of Expenditure Printing Category/ Type Type	11 / 2015				
Name of Federal Candidate Support Office Sought:	House District:00				
BERNARD SANDERS Oppose President	Senate State: IA				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016	Primary General				
Other (s	specify)				
Outfront Media	olic Distribution/Dissemination				
Mailing Address 185 US Highway 46 Amount	16 2015				
City State Zip Code	11966.50				
Fairfield NJ 07004 Transaction	ID: D690136 bursement or Obligation				
Purpose of Expenditure Print advertising Category/ Type 11	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office Sought:	House District: 00				
DEDNARD CANDEDC	Senate State: NV				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (s	✓ Primary General				
(a) SUBTOTAL of Itemized Independent Expenditures	13222.94				
(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.					
Carolyn Hietamaki [Electronically Filed] Date 11 16					
Signature					

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OF

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

Schedu	ale E)	HORLES		PAGE 3 OF 3 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)		FE	EC IDENTIFICATION NUMBER ▼
Nation	nal Nurses United for Patient Protection		(C00490375
Check if	24-hour report X 48-hour report New report	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full N	Name of Payee		Date of 1	Public Distribution/Dissemination
Ou	itfront Media		11	M / D D / Y Y Y Y
Mailir	ng Address 185 US Highway 46		Amount	
City	State	Zip Code		9299.23
Fairf		07004		tion ID: D690137 Disbursement or Obligation
	ose of Expenditure t advertising	Category/ Type	M 11	
Name	e of Federal Candidate	Support	Office Sought:	House District: 00
BER	NARD SANDERS	Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought	9299.23	Disbursement F 2016 Othe	For:
Full N	Name of Payee		Date of	Public Distribution/Dissemination
			M	M / D D / Y Y Y Y
Mailir	ng Address	-	Amount	
			Amount	
City	State	Zip Code		
		<u>.</u>	Date of	Disbursement or Obligation
Purpo	ose of Expenditure	Category/ Type		M / D = D / Y = Y = Y = Y
Name	e of Federal Candidate	Support	Office Sought:	House District:
		Oppose	President	Senate State:
	Calendar Year-To-Date		Disbursement F	For: Primary General
	Per Election for Office Sought		Othe	er (specify) -
(a) SL	UBTOTAL of Itemized Independent Expenditures		·· >	9299.23
(b) SU	UBTOTAL of Unitemized Independent Expenditures		· •	7 1 7 1 7
(c) TC	OTAL Independent Expenditures		•	87509.67
with, o	penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
		nically Filed] Date		16 2015
Sig	gnature			