

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 Clear Channel Outdoor
Mailing Address PO Box 591790
City San Antonio State TX Zip Code 78259-0139
Purpose of Expenditure Printing
Name of Federal Candidate BERNARD SANDERS [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought 1600.00

Date of Public Distribution/Dissemination 01 / 25 / 2016
Amount 700.00
Transaction ID : D709360
Date of Disbursement or Obligation 01 / 13 / 2016
Office Sought: [ ] House District: 00 [X] President [ ] Senate State: NV
Disbursement For: [X] Primary [ ] General 2016 [ ] Other (specify)

Full Name of Payee Clear Channel Outdoor
Mailing Address PO Box 591790
City San Antonio State TX Zip Code 78259-0139
Purpose of Expenditure Printing
Name of Federal Candidate BERNARD SANDERS [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought 1510.03

Date of Public Distribution/Dissemination 01 / 25 / 2016
Amount 950.00
Transaction ID : D709361
Date of Disbursement or Obligation 01 / 13 / 2016
Office Sought: [ ] House District: 00 [X] President [ ] Senate State: IA
Disbursement For: [X] Primary [ ] General 2016 [ ] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1650.00, (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 Carolyn Hietamaki [Electronically Filed] Date 01 / 26 / 2016