



"Diane Fishburn" <Diane@olsonhagel.com> on 01/11/2008 03:01:45 PM

To: <2022190174@fec.gov>
cc:

Subject: Filing of FEC Form 9 by California Nurses Association

Attached please find for filing FEC Form 9 by the California Nurses Association.

Please confirm receipt of filing by return email or fax an endorsed copy to (916) 442-1280, attn. Diane M. Fishburn

Thank you.

Diane M. Fishburn, Esq.
Olson, Hagel & Fishburn LLP
555 Capitol Mall, Suite 1425
Sacramento, CA 95814
(916) 442-2952
(916) 442-1280 (fax)
www.olsonhagel.com

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Final FEC Form 9 1-11-08.pdf Diane Fishburn.vcf

28039584079

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name **CALIFORNIA NURSES ASSOCIATION**

(b) Address (number and street) ☐ check if different than previously reported
2000 FRANKLIN STREET, SUITE 300

(c) City, State and ZIP Code
OAKLAND, CA 94612

(d) Name of Employer or Principal Place of Business

NOT APPLICABLE

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ **New**

or

☐ **Amended**

4. Covering Period

0 1 / 1 0 / 2008

through

0 1 / 1 0 / 2008

5. (a) Date of Public Distribution(s)

0 1 / 1 0 / 2008

(b) Communication Title **NO HEALTH MANDATES**

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?

Yes ☐

No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name **MICHAEL LIGHTY**

(b) Address (number and street)
2000 FRANKLIN STREET, SUITE 300

(c) City, State and ZIP Code
OAKLAND, CA 94612

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

0 0 0

10. Total Disbursements/Obligations This Statement

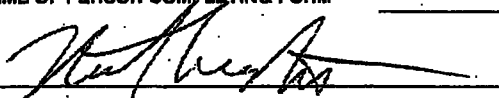
1 5 0 0 0 0 0 0

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

MICHAEL LIGHTY

SIGNATURE



DATE

1-11-08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name MICHAEL LIGHTY	
(b) Address (number and street) 2000 FRANKLIN STREET, SUITE 300	
(c) City, State and ZIP Code OAKLAND, CA 94612	
(d) Name of Employer or Principal Place of Business CALIFORNIA NURSES ASSOCIATION	(e) Occupation PUBLIC POLICY DIRECTOR
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee PUBLIC MEDIA CENTER				Date of Disbursement or Obligation 01 / 10 / 2008	
Mailing Address of Payee 466 GREEN STREET, SUITE 300				Amount 150000.00	
City SAN FRANCISCO	State CA	Zip Code 94133		Communication Date 01 / 10 / 2008	
Name of Employer NOT APPLICABLE				Occupation NOT APPLICABLE	
Purpose of Disbursement (Including title(s) of communication(s)) PRODUCTION AND BROADCAST OF RADIO ADVERTISEMENT "NO HEALTH MANDATES"					
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee _____					
Mailing Address of Payee _____					
City _____		State _____		Zip Code _____	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				150000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				150000.00	

28039584083

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>1/11/08</i>

EF
PREPARER

1/11/08
DATE PREPARED