



Great Public Schools
for Every Child

1201 16th St., N.W. | Washington, DC 20036 | Phone: 202.833.4000

Reg Weaver
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Executive Director

January 25, 2008

Facsimile

TO: Federal Election Commission

FAX 202-219-0174

FROM: Richard B. Wilkof
National Education Association
202-822-7035

FAX 202-822-7033

Pages 5 (including this page)

COMMENTS:

To Whom It May Concern:

Attached is the report of a grassroots issue communication by the National Education Association. I attempted to file this report as an email attachment this morning, but I have received automated responses which lead me to believe that the electronic transmission did not go through successfully. If my belief is unfounded and you have in fact already received this report, please disregard this submission.

Please contact me if you have any questions regarding this matter. Thank you for your assistance.

Richard B. Wilkof
Legal Counsel
National Education Association
rwilkof@nea.org

If you did not receive all pages, please call the sender as soon as possible. If this facsimile was sent to the wrong number, we would appreciate a call so we can send the fax to the correct number.

28039601126

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

National Education Association(b) Address (number and street) ☐ check if different than previously reported1201 16th Street, NW

(c) City, State and ZIP Code

Washington, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**01 23 2008

through

01 24 2008**5. (a) Date of Public Distribution(s)**01 24 2008(b) Communication Title "My Homework"**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Bill Thompson

(b) Address (number and street)

1201 16th Street, NW

(c) City, State and ZIP Code

Washington, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

National Education AssociationDirector of Financial and Membership Services**9. Total Donations This Statement**\$0.00**10. Total Disbursements/Obligations This Statement**\$101,200.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Richard B. Wilkof

SIGNATURE

DATE 1/25/08

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

FEC FORM 9 (REV. 12/2007)

28039601127

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name <u>John Stocks</u>	
(b) Address (number and street) <u>1201 16th Street, NW</u>	
(c) City, State and ZIP Code <u>Washington, DC 20036</u>	
(d) Name of Employer or Principal Place of Business <u>National Education Association</u>	(e) Occupation <u>Deputy Executive Director</u>
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

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor NONE Mailing Address of Donor City State Zip	Date of Receipt Amount
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
SUBTOTAL of Donations This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

28039601129

SCHEDULE 9-B

PAGE 4 OF 4

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Shorr Johnson Magnus		Date of Disbursement or Obligation 01/23/2008	
Mailing Address of Payee 1831 Chestnut Street, Ste 602 City: Philadelphia, PA 19103		Amount 1,012.00	
Name of Employer Occupation		Communication Date 01/24/2008	
Purpose of Disbursement (Including title(s) of communication(s)) Production and radio buys for "My Homework"			
Name of Federal Candidate Albert Wynn	Office Sought: ☒ House ☐ Senate ☐ President State: MD District: 4	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify)	
Name of Federal Candidate	Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	
Name of Federal Candidate	Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City State Zip Code		Communication Date	
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	
Name of Federal Candidate	Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	
Name of Federal Candidate	Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		1,012.00	

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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.

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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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