Law Offices of

Olson Hagel & Fishburn LLP February 25, 2009

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OVERNIGHT DELIVERY

Clerk, Federal Elections Commission 999 E Street, NW Washington, DC 20463-0001

RE: FEC Form 9 Filing

Dear Clerk:

Enclosed please find an original and two copies of FEC Form 9 for the California Nurses Association. Please process the original and return one filedendorsed copy to our office in the enclosed stamped, self-addressed envelope. Thank you for your attention to this matter.

Very truly yours,

OLSON HAGEL & FISHBURN LLP

MMXO

MICHELLE R. WIXOM, Paralegal

MRW/sjg Enclosure(s) I:\WPDOC\PUBLIC\POL\91217\FEC Form 9 Electioneering Com\FEC form 9 cover letter.doc

Bruce J. Hagel Diane M. Fishburn Elizabeth L. Gade Deborah B. Captan N. Eugene Hill Richard C. Miadich

Rebecca J. Olson

555 Capitol Mall, Suite 1425 Sacramento, CA 95814-4602 Telephone: (916) 442-2952 Facsimile: (916) 442-1280 www.olsonhagel.com

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FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS F ELECTIONEERING COMMUNICATIONS	IGATIONS FOR RECEIVED	
ELECTIONEERING COMMUNICATIONS	FEC MAIL CENTER	
1. Individual, Organization or Qualified Nonprofit Corporation Making the	1994 Fabrah /Obigations	

(8) Name CALIFORNIA NURSES ASSOCIATION/NATIONAL NU	JRSES ORGANIZING COMMITTEE
(b) Address (number and street) Check if different than previously reported 2000 FRANKLIN STREET, SUITE 300	2. FEC Identification Number
(c) City, State and ZIP Code OAKLAND, CA 94612	C
	Occupation
New State	H H / U O / Y Y Y Y Y Y O 2 7 2 4 2009
B. Is This Statement or 4. Covering Period	through
Amended	0 2 2 4 2009
(a) Date of Public Distribution(s) 0 2 2 4 2009 (b) Commu	inication Title
Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?	Yes No 🗹
. Were the disbursements for the electioneering communication made from donations to a segregated bank account?	exclusively Yes No
Custodian of Records	·
(a) Name ALICE GRUBB, DIRECTOR OF OPERATIONS	
(b) Address (number and street)	
2000 FRANKLIN STREET, SUITE 300	<u> </u>
(c) City, State and ZIP Code	
OAKLAND, CA 94612	Occupation
(d) Name of Employer or Principal Place of Business (e)	Occupation
• Total Donations This Statement	
	1 4 3 7 5 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

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ALICE GRUBB, DIRECTOR OF OPERATIONS

SIGNATURE

DATE 2-24-09

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

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FEC FORM 9 (REV. 02/2003)

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

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PAGE 2 OF 3

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	(e) Occupation			
	CALIFORNIA NURSES ASSOCIATION/NATL. NURSES ORGANIZING COM.		PUBLIC POLICY DIRECTOR								
	B.	(a) Name									
		(b) Address (number and street)	<u> </u>								
	(c) City, State and ZIP Code		· ·								
	•										
	(d) Name of Employer or Principal Place of Business	(e) Occupation	·								
	(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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D.	(a) Name										
	(b) Address (number and street)		- <u> </u>								
	(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	•									

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FEC FORM 9 (REV. 02/2003)

Full Name (Last, First, Middle Initi	al) of Payee	Date of Disbursement or Obligation
CSG, Inc.		02 19 2009
Mailing Address of Payee		Amount
715 S. ST MARYS STREET		
City	State Zip Code	
SAN ANTONIO	TX 78205	Communication Date
Name of Employer	Occupation	
		Longitude Longit
Purpose of Disbursement (Includin PRODUCTION AND BROAD	ig title(s) of communication(s)) ICAST OF MAILER - GUARANTEED HEALT	TH CARE #1
Name of Federal Candidate	Office Sought: V House State: IL	Disbursement/Obligation For:
	Senate	Primary General
TOM GEOGHEGAN	President District: .5	Other (specify) ► Special 3/3/200
Name of Federal Candidate	Office Sought: House State:	Disbursement/Obligation For:
	Senate	
	President District:	Other (specify)
Name of Federal Candidate	Office Sought: House State:	Disbursement/Obligation For:
	Senate	Primary General
	President District:	Other (specify)
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Mailing Address of Payee		Amount
Mailing Address of Payee	State Zip Code	
City	· · ·	Amount Communication Date
City Name of Employer	Occupation	Amount Communication Date
City	Occupation	Amount Communication Date
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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.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation [™] or Si	gnature Confirmation [™] Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date Shipping Date 2,25/09 Next Business Day Delivery			
Received from House Records & Registration	Date of Receipt on Office			
Received from Senate Public Records Offic	Date of Receipt e			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
En	2/26/09			
(3/2005)	DATE PREPARED			

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