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LLP

February 25, 2009

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2009 FEB 26 A 10:18

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 filed-endorsed 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



MICHELLE R. WIXOM, Paralegal

MRW/sjg

Enclosure(s)

I:\WPDOC\PUBLIC\POL\91217\FEC Form 9 Electioneering Com\FEC form 9 cover letter.doc

Lance H. Olson

Bruce J. Hagel

Diane M. Fishburn

Elizabeth L. Gade

Deborah B. Caplan

N. Eugene Hill

Richard C. Miodich

Richard R. Rios

Rebecca J. Olson



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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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2009 FEB 21 / A 10 18

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

(a) Name **CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSES ORGANIZING COMMITTEE**

(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 **NOT APPLICABLE**

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period

MM / DD / YYYY	through	MM / DD / YYYY
02 / 24 / 2009		02 / 24 / 2009

5. (a) Date of Public Distribution(s) **02 / 24 / 2009** (b) Communication Title **GUARANTEED HEALTH CARE #1**

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 **ALICE GRUBB, DIRECTOR OF OPERATIONS**

(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 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 ALICE GRUBB, DIRECTOR OF OPERATIONS

SIGNATURE *Al Grubb* DATE 2-24-09

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

29030042145

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/NATL. NURSES ORGANIZING COM.
	(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

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>2/25/09</i>
Next Business Day Delivery <input checked="" 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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] *2/26/09*
 PREPARER DATE PREPARED

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