

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

NATIONAL EDUCATION ASSOCIATION

(b) Address (number and street) ☐ check if different than previously reported

1201 16TH STREET NW

(c) City, State and ZIP Code

WASHINGTON

DC

20036

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
05 / 25 / 2010

through

M M / D D / Y Y Y Y
05 / 25 / 2010

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Listen Bonner

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

Yes ☐No ☐

8. Custodian of Records

(a) Name

Amy Kurtz

(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

NEA, Washington DC

(e) Occupation

Manager

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

26362.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Amy KurtzSIGNATURE Electronically Filed by Amy KurtzDATE 05/26/2010

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

10030340696


SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 2/2

A. Full Name (Last, First, Middle Initial) of Payee New Broadcast Network Inc. <hr/> Mailing Address of Payee 75 Broad Street 15th Fl <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10004</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td>Occupation</td> </tr> </table>					City	State	Zip Code	New York	NY	10004	Name of Employer	Occupation	Date of Disbursement or Obligation M M / D D / Y Y Y Y 05 / 25 / 2010 <hr/> Amount 20000.00 <hr/> Communication Date M M / D D / Y Y Y Y 05 / 25 / 2010 <hr/> Transaction ID : F93.000001									
City	State	Zip Code																				
New York	NY	10004																				
Name of Employer	Occupation																					
Purpose of Disbursement (including title(s) of communication(s)) Legis. Action, Time Buy, Listen Bonner																						
Name of Federal Candidate		Office Sought:		<input checked="" type="checkbox"/> House Senate President	State: AL District: 01	Disbursement/Obligation For: 2010																
Jo Bonner						Primary General <input checked="" type="checkbox"/> Other (specify) <u>Legislative Ad</u>																
F94.000002																						
Name of Federal Candidate		Office Sought:		House	State:	Disbursement/Obligation For:																
				Senate	District:	Primary General																
				President		Other (specify) _____																
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				Senate	District:	Primary General																
				President		Other (specify) _____																
B. Full Name (Last, First, Middle Initial) of Payee Envision Communications <hr/> Mailing Address of Payee 2715 M Street NW Suite 100 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td>Occupation</td> </tr> </table>										City	State	Zip Code	Washington	DC	20007	Name of Employer	Occupation	Date of Disbursement or Obligation M M / D D / Y Y Y Y 05 / 25 / 2010 <hr/> Amount 6362.00 <hr/> Communication Date M M / D D / Y Y Y Y 05 / 25 / 2010 <hr/> Transaction ID : F93.000002				
City	State	Zip Code																				
Washington	DC	20007																				
Name of Employer	Occupation																					
Purpose of Disbursement (including title(s) of communication(s)) Legis. Action, Production, Listen Bonner																						
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Jo Bonner						Primary General <input checked="" type="checkbox"/> Other (specify) <u>Legislative Ad</u>																
F94.000004																						
Name of Federal Candidate		Office Sought:		House	State:	Disbursement/Obligation For:																
				Senate	District:	Primary General																
				President		Other (specify) _____																
Name of Federal Candidate		Office Sought:		House	State:	Disbursement/Obligation For:																
				Senate	District:	Primary General																
				President		Other (specify) _____																
SUBTOTAL of Disbursement/Obligation This Page (optional) 26362.00																						
TOTAL This Period (last page this line number only) 26362.00 (carry total from last page to line 10)																						

10030340697

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
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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>Webform #439</i>	Date of Receipt or Postmarked <i>5/26/10</i>
<div style="text-align: center;"></div> PREPARER	<div style="text-align: center;"><i>5/27/10</i></div> DATE PREPARED

(3/2005)

10030340698