



"Kimberly Freeman" <KFreeman@americanrightsatwork.org> on 09/16/2008 04:37:01 PM

To: <2022190174@fec.gov>
cc:

Subject: American Rights at Work Form 9 Reports

If you have questions regarding the attached submission, please contact me at your convenience.

Kimberly A. Freeman
Deputy Director
American Rights at Work
1100 17th Street, NW, Suite 950
Washington, DC 20036
p: 202.822.2127 ext. 111
c: 202.679.3330
f: 202.822.2168
e: kfreeman@americanrightsatwork.org
w: www.americanrightsatwork.org



FECForm9s (09.16.08).pdf

28039833025

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name AMERICAN RIGHTS AT WORK

(b) Address (number and street) check if different than previously reported
1100 17th Street, NW Suite 950

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number
0

3. Is This Statement New or Amended

4. Covering Period 09 / 15 / 2008 through 09 / 21 / 2008

5. (a) Date of Public Distribution(s) 09 / 15 / 2008 (b) Communication Title See Saw - AK

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 KIMBERLY TAYLOR

(b) Address (number and street)
1100 17th Street, NW Suite 950

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business
American Rights at Work (e) Occupation
Finance officer

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 73,534.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Kimberly A. Freeman

SIGNATURE Kimberly A. Freeman DATE 09-16-08

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

28039833026

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

11. Person(s) Sharing/Exercising Control

| | |
|---|---|
| A. (a) Name MARY BETH MAXWELL | |
| (b) Address (number and street) 1100 17th Street, NW Suite 950 | |
| (c) City, State and ZIP Code Washington, DC 20036 | |
| (d) Name of Employer or Principal Place of Business American Rights at Work | (e) Occupation EXECUTIVE 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 |

28039833027

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039833028

| | | | | | |
|---|--|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee SQUIER KNAPP DUNN COMMUNICATIONS | | | | Date of Disbursement or Obligation 09 / 10 / 2008 | |
| Mailing Address of Payee 1818 N Street, NW Suite 450 | | | | Amount 73,534.00 | |
| City Washington, DC | | State DC | | Zip Code 20036 | |
| Name of Employer SQUIER KNAPP DUNN COMMUNICATIONS | | | | Occupation COMMUNICATIONS | |
| Purpose of Disbursement (Including title(s) of communication(s)) TV Ad: See Saw - AK | | | | | |
| Name of Federal Candidate Ted Stevens | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: AK District: _____ | |
| 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 | | State: _____ District: _____ | |
| 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 | | State: _____ District: _____ | |
| 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 | | | | Date of Disbursement or Obligation | |
| Mailing Address of Payee | | | | Amount | |
| 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 | | State: _____ District: _____ | |
| 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 | | State: _____ District: _____ | |
| 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 | | State: _____ District: _____ | |
| Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ | | | | 73,534.00 | |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | | | 73,534.00 | |

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 | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <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>9/17/08</i> |
| <i>Jm10</i> PREPARER | <i>9/17/08</i> DATE PREPARED |

28039833029