

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2008 SEP 17 A 9:37

### 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  
C

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 - MN

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 1,66,950.00

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.

28039833037

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

11. Person(s) Sharing/Exercising Control

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

28039833038

**SCHEDULE 9-A**  
**Donation(s) Received**

28039833039

**A. Full Name of Donor**

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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) ▶

000

TOTAL This Period (last page this line number only) ▶  
 (carry total from last page to Line 9)

000

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

28039833040

**A. Full Name (Last, First, Middle Initial) of Payee**

**SQUIER KNAPP DUNN COMMUNICATIONS**

Mailing Address of Payee

**1818 N Street, NW Suite 415**

City State Zip Code

**Washington, DC 20036**

Name of Employer Occupation

Date of Disbursement or Obligation

**09 10 2008**

Amount

**166,950.00**

Communication Date

**09 15 2008**

Purpose of Disbursement (Including title(s) of communication(s))

**TV AD - see saw MN**

Name of Federal Candidate

Office Sought:

House State: **MN**  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify) ▶

**Norm Coleman**

Name of Federal Candidate

Office Sought:

House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify) ▶

Name of Federal Candidate

Office Sought:

House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify) ▶

**B. Full Name (Last, First, Middle Initial) of Payee**

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation

\_\_\_\_\_

Amount

\_\_\_\_\_

Communication Date

\_\_\_\_\_

Purpose of Disbursement (Including title(s) of communication(s))

Name of Federal Candidate

Office Sought:

House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify) ▶

Name of Federal Candidate

Office Sought:

House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify) ▶

Name of Federal Candidate

Office Sought:

House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify) ▶

**SUBTOTAL** of Disbursements/Obligations This Page (optional) ▶

**166,950.00**

**TOTAL** This Period (last page this line number only) ▶  
 (carry total from last page to Line 10)

**166,950.00**

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.

28039833041

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<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):	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>Jms</i> PREPARER	<i>9/17/08</i> DATE PREPARED