

2008 SEP 17 A 9:38

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

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 - NH**

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

(e) Occupation

American Rights at Work Finance Officer

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

185,300.00

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.

28039833043

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

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

SCHEDULE 9-A
Donation(s) Received

PAGE **3** OF **4**

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM DD YYYY

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM DD YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM DD YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM DD YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM DD YYYY

Amount

SUBTOTAL of Donations This Page (optional) ▶

0.00

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

0.00

28039833045

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee SQUIER KNAPP DUNN COMMUNICATIONS				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">09 / 15 / 2008</div>	
Mailing Address of Payee				Amount <div style="border: 1px solid black; padding: 2px;">185300.00</div>	
City _____ State _____ Zip Code _____		Communication Date <div style="border: 1px solid black; padding: 2px;">09 / 15 / 2008</div>			
Name of Employer _____ Occupation _____		Purpose of Disbursement (Including title(s) of communication(s)) TV AD See Saw - NH			
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> 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 <div style="border: 1px solid black; padding: 2px;"> </div>	
Mailing Address of Payee				Amount <div style="border: 1px solid black; padding: 2px;"> </div>	
City _____ State _____ Zip Code _____		Communication Date <div style="border: 1px solid black; padding: 2px;"> </div>			
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) ▶				<div style="border: 1px solid black; padding: 2px;">185300.00</div>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;">185300.00</div>	

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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
<input type="checkbox"/> USPS First Class Mail	Postmarked
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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

(3/2005)

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