RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
OIVISION

## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Pe	erson Making the Disbursements/Obligation	tions			
(	AMERICAN RIGH	ITS AT WORK			
Ĩ	b) Address (number and street) Check il differentiation 17 th Street		150 2	2. FEC Identificatio	
7	c) City, State and ZIP Code <u>Washington</u> , <u>DC</u> (d) Name of Employer or Procipal Place of Business			C	
(	d) Name of Employer or Priodipal Place of Business	(e)	Occupation		
-	New		64	15 Zoc	e e
3. is	This Statement Or	4. Covering Period		through	
	Amended		09	21 200	8
5. (a)	) Date of Public Distribution(s)	5 2008 (b) Comm	unication Title	See Saw	- <u>• N</u> H
6. Th	e filer is a(n): (a)	corporated Organization (c)	Qualified Not	nprofit Corporation (1	1 CFR 114.10)
	(d) Corporation, Labor Organization or Qua				
(	(e) <sup>2</sup> Other, specify:				
	the filer is an individual, unincorporate vere the disbursements made exclusivel				No
8. C	ustodian of Records			••• ••••••••••••••••••••••••••••••••••	
(	(a) Name KIMBERLY TA	VLOR			
	(a) Name KIMBERLY TA (b) Address (number and street) 1100 17th Street	, NW Suite	950		
-	(c) City, State and ZIP Code Washington, C	C 20036			
	(c) City, State and ZIP Code Wachington, C (d) Name of Employer or Principle Place of Business American Right	ts at Work "	) Occupation Find	ance Offic	er
9. To	otal Donations This Statement	and the second se		000	
10. To	otal Disbursements/Obligations This Sta	itement	,185	300,00	
Ur	nder penalty of perjury, I certify that this statemer			-	
TY	PE OR PRINT NAME OF PERSON COMPLETING	FORM <u>Kimberly</u>	A. F	reeman	
	SIGNATUBE	em o		reeman 9-16-08	
	NOTE: Submission of talse, errongous or incomplete i	information may subject the person signing	this statement to	the penalties of 2 U.S.C. §4	37g.

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FEC FORM 9 (REV. 12/2007)

List	of	Person(s)	Sharing/Exercising	Control
(use	add	litional page	s as necessary)	

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11. Person(s	Sharing/Exercising	Control
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Α.	(a) Name MARY BETH MAXWELL
	(b) Address (number and street) 1100 17 th Street, NW Suite 950
	(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 American Rights at Work Executive Director
	(d) Name of Employer or Principal Place of Business (e) Occupation
	American Rights at Work Executive Director
В.	(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
ļ	(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>F</b> .	
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business (e) Occupation

Δ	Full Name of Donor			1
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	Mailing Address of Donor		<u></u>	
	City	State	Zip	
Β.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			
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	City	State	Zip	
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C.	Full Name of Donor			Date of Receipt
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				นี้และเครื่องหม่อง เสรีย์ 12 มี พระเป็นของไรไป เอาทัศนายรัง 12 สมัยและสุดิทธ
D.	Full Name of Donor		<u> </u>	Date of Receipt
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•	Mailing Address of Donor			
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	City	State	Zip	Tomarkovation it and tomark an attending of the second second second
E.	Full Name of Donor			
_•				Date of Receipt
	Mailing Address of Donor			
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RTO	TAL of Donations This Page (op	tional)		
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FEC FORM 9 (REV. 12/2007)

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		PAGE 4 OF 4
Full Name (Last, First, Middle Initial) of Payee SQUIER KNAPP DUNN COMMU	NICATIONS	Date of Disbursement or Obligation
Mailing Address of Payee		Amount
City State 2	ip Code	185,300,0
Name of Employer Occupation		Communication Date
Purpose of Disbursement (Including title(s) of communication(s)) TVAD See Saw - NH		
Name of Federal Candidate Office Sought: Hou	ate District:	Disbursement/Obligation For:
Name of Federal Candidate Office Sought: Hou	ident se State:	Other (specify)
Seni	ate District: ident	Cher (specify) ►
Name of Federal Candidate Office Sought: House Sena	State:	Disbursement/Obligation For:
Pres	District: ident	Other (specify)
Fuil Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation
Mailing Address of Payee		Amount janangentaganangena ngunar garangentangentangenangenangen
City State 2	ip Code	ter stracturelanter openets contempt contempt
Name of Employer Occupation		Communication Date
		served and the served as a solution of
Purpose of Disbursement (Including title(s) of communication(s))		
Name of Federal Candidate Office Sought: Hour	State: Ite District:	Disbursement/Obligation For:
Name of Federal Candidate Office Sought:	State:	
Name of Federal Candidate Office Sought: House Sena Name of Federal Candidate Office Sought: House Sena Pres	state: Ite District: Ident State: Ite District:	Primary General   Other (specify) ▶   Disbursement/Obligation For.   Primary General   Other (specify) ▶
Name of Federal Candidate Office Sought: Hour   Sena Pres   Name of Federal Candidate Office Sought: Hour   Sena Pres   Name of Federal Candidate Office Sought: Hour   Sena Pres   Name of Federal Candidate Office Sought: Hour   Sena Sena Sena   Name of Federal Candidate Office Sought: Hour	State:	Primary General   Other (specify) ▶   Disbursement/Obligation For:   Primary General   Other (specify) ▶   Disbursement/Obligation For:   Primary General   Other (specify) ▶   Disbursement/Obligation For:   Primary General
Name of Federal Candidate Office Sought: Hour   Sena Press   Name of Federal Candidate Office Sought: Hour   Sena Press   Name of Federal Candidate Office Sought: Hour   Press Press Hour   Name of Federal Candidate Office Sought: Hour	State:	Primary General   Other (specify) ▶   Disbursement/Obligation For:   Primary General   Other (specify) ▶   Disbursement/Obligation For:
Name of Federal Candidate Office Sought: Hour   Sena Pres   Name of Federal Candidate Office Sought: Hour   Sena Pres Sena   Name of Federal Candidate Office Sought: Hour	State:	Primary General   Other (specify) ▶   Disbursement/Obligation For:   Primary General   Other (specify) ▶   Disbursement/Obligation For:   Primary General   Other (specify) ▶   Disbursement/Obligation For:   Primary General

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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.				
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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify): E- MAIL	eceipt or Postmarked			
Imp	9/17/08			
(3/2005)	DATE PREPARED			

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