

**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
Americans for Working Families

(b) Address (number and street) check if different than previously reported
650 4th Street, NE #4

(c) City, State and ZIP Code
W DC 20002

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number

C C00000000

3. Is This Statement **New**
or
 Amended

4. Covering Period

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 0 9
through
M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Older Brother
0 8 / 0 6 / 2 0 1 0

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
Jennifer Goncalves

(b) Address (number and street)
650 4th Street, NE

(c) City, State and ZIP Code
Washington DC 20002

(d) Name of Employer or Principal Place of Business
Americans for Working Families

(e) Occupation
Treasurer

9. Total Donations This Statement 250000.00

10. Total Disbursements/Obligations This Statement 63933.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Jennifer Goncalves

SIGNATURE Electronically Filed by Jennifer Goncalves

DATE 08/06/2010

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

10030403170

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name Jennifer Goncalves	Transction ID : F91.000001
	(b) Address (number and street) 650 4th Street, NE #4 #4	
	(c) City, State and Zip Code Washington DC 20002	
	(d) Name of Employer or Principal Place of Business Americans for Working Families	(e) Occupation Treasurer
B.	(a) Name David Strauss	Transction ID : F91.000002
	(b) Address (number and street) 650 4th Street, NE #4 #4	
	(c) City, State and Zip Code Washington DC 20002	
	(d) Name of Employer or Principal Place of Business Americans for Working Families	(e) Occupation Chair

10030403171

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Service Employees International Union

Mailing Address of Donor

1800 Massachusetts Avenue, NW

City

Washington

State

DC

Zip

20036

Date of Receipt

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
 08 / 03 / 2010

Amount

250000.00

Transaction ID : F92.000001

10030403172

SUBTOTAL of Donations This Page (optional).....

250000.00

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

250000.00

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

10030403173

A. Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker					Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 04 / 2010	
Mailing Address of Payee 1818 N Street, NW					Amount 6933.00	
City Washington	State DC	Zip Code 20036		Communication Date M M / D D / Y Y Y Y 08 / 06 / 2010		
Name of Employer N/A			Occupation N/A		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) Television Media Buy - Older Brother						
Name of Federal Candidate Michael Bennet	Office Sought: X	House Senate President	State: District:	CO	Disbursement/Obligation For: 2010 X Primary General Other (specify) _____	
F94.000002						
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
B. Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker					Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 04 / 2010	
Mailing Address of Payee 1818 N Street, NW Suite 450					Amount 57000.00	
City Washington	State DC	Zip Code 20036		Communication Date M M / D D / Y Y Y Y 08 / 06 / 2010		
Name of Employer N/A			Occupation N/A		Transaction ID : F93.000002	
Purpose of Disbursement (including title(s) of communication(s)) Production Expense - Older Brother						
Name of Federal Candidate Michael Bennet	Office Sought: X	House Senate President	State: District:	CO	Disbursement/Obligation For: 2010 X Primary General Other (specify) _____	
F94.000004						
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
SUBTOTAL of Disbursement/Obligation This Page (optional)					63933.00	
TOTAL This Period (last page this line number only)					63933.00	
(carry total from last page to line 10)						

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Webform #483* Date of Receipt or Postmarked
8/6/10

ER *8/6/10*
 PREPARER DATE PREPARED

10030403174