

# Fax

To: FEC From: Steve Rosenthal

Fax: 202-219-0174 Pages: 5 (including cover sheet)

Phone: Date: 08/12/2008

Re: cc:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

● Comments:

28039812268

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name THEY WORK FOR US, INC.

(b) Address (number and street)  check if different than previously reported  
888 16th STREET NW SUITE 333

(c) City, State and ZIP Code  
WASHINGTON DC 20006

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

(e) Occupation N/A

2. FEC Identification Number  
C30600889

3. Is This Statement  New or  Amended

4. Covering Period 08/08 through 08/06/2008

5. (a) Date of Public Distribution(s) 08/11/2008 (b) Communication Title LAUNDRY CHECK THE FACTS

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 MELISSA ROY

(b) Address (number and street) 888 16th STREET NW SUITE 333

(c) City, State and ZIP Code WASHINGTON, DC 20006

(d) Name of Employer or Principal Place of Business THEY WORK FOR US, INC.

(e) Occupation EXECUTIVE DIRECTOR

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 117,394.67

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM STEVE ROSENTHAL

Steve Rosenthal DATE 8.11.08

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

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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 <u>STEVE ROSENTHAL</u>	
(b) Address (number and street) <u>888 16th STREET NW. SUITE 333</u>	
(c) City, State and ZIP Code <u>WASHINGTON, DC 20006</u>	
(d) Name of Employer or Principal Place of Business <u>THEY WORK FOR US, INC</u>	(e) Occupation <u>PRESIDENT</u>
B. (a) Name <u>MELISSA ROY</u>	
(b) Address (number and street) <u>888 16th STREET NW. SUITE 333</u>	
(c) City, State and ZIP Code <u>WASHINGTON, DC 20006</u>	
(d) Name of Employer or Principal Place of Business <u>THEY WORK FOR US, INC</u>	(e) Occupation <u>EXECUTIVE DIRECTOR</u>
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

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

PAGE 3 OF 4

**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) ..... > \_\_\_\_\_

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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee <b>SQUIRE KNOOP DOWN COMMUNICATIONS</b>		Date of Disbursement or Obligation <b>08 / 05 / 2008</b>
Mailing Address of Payee <b>1818 N STREET NW STE 450</b>		Amount <b>117394.67</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
Name of Employer <b>N/A</b>	Occupation <b>N/A</b>	Communication Date <b>08 / 11 / 2008</b>

Purpose of Disbursement (Including title(s) of communication(s))  
**RADIO ADVERTISEMENT. LANDRIEU CHECK THE FACTS**

Name of Federal Candidate <b>MARY LANDRIEU</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>LA</b>	Disbursement/Obligation For: <input checked="" 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: _____	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: _____	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	Communication Date

Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	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: _____	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: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional)	<b>117394.67</b>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	<b>117394.67</b>

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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
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A  
 PREPARER

N/A  
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