

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
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● 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 reported888 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**

08/04/2008

through

08/06/2008

5. (a) Date of Public Distribution(s)

08/11/2008

(b) Communication Title LANDRIEL 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

MEISSA 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

117,294.67

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Steve Rosenthal

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.

FEC FORM 9 (REV. 12/2007)

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

PAGE OF
2 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

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

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)

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

28039812271

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee <u>SQUIRE KNAPP DOWN COMMUNICATIONS</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">08/09/2008</div>	
Mailing Address of Payee <u>1818 N STREET NW STE 450</u>				Amount <div style="border: 1px solid black; padding: 2px;">117394.67</div>	
City <u>WASHINGTON</u>		State <u>DC</u>		Zip Code <u>20036</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <div style="border: 1px solid black; padding: 2px;">08/11/2008</div>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO ADVERTISEMENT. LANDRIEU CHECK THE FACTS</u>					
Name of Federal Candidate <u>MARY LANDRIEU</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		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		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		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 _____					
Mailing Address of Payee _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> / / </div>	
City _____				Amount <div style="border: 1px solid black; padding: 2px;"> / / </div>	
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		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		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		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;">117394.67</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;">117394.67</div>	

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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<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
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

28039812273