



"Kimberly Freeman" <KFreeman@americanrightsatwork.org> on 09/23/2008 05:42:56 PM

To: <2022190174@fec.gov>
cc:

Subject: American Rights at Work Form 9 Reports

If you have problems reading the attached documents, please contact me at your convenience.

Kimberly A. Freeman
Deputy Director
American Rights at Work
1100 17th Street, NW, Suite 950
Washington, DC 20036
p: 202.822.2127 ext. 111
c: 202.679.3330
f: 202.822.2168
e: kfreeman@americanrightsatwork.org
w: www.americanrightsatwork.org



FECForm9 (09.23.08).pdf

28039840311

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 22 2008
through

09 28 2008

5. (a) Date of Public Distribution(s) 09 22 2008 (b) Communication Title See Saw AK

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

73,534.00

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

09-23-08

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

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 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	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

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)

0.00

0.00

28039840314

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee SQUIER DUNN KNAPP COMMUNICATIONS Mailing Address of Payee 1818 N Street, NW Suite 450 City _____ State _____ Zip Code _____ Washington, DC 20036 Name of Employer _____ Occupation _____		Date of Disbursement or Obligation 09 17 2008 Amount 73534.00 Communication Date 09 22 2008
Purpose of Disbursement (Including title(s) of communication(s)) TV Ad - See Saw AK		
Name of Federal Candidate Ted Stevens	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>AK</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 Mailing Address of Payee City _____ State _____ Zip Code _____ Name of Employer _____ Occupation _____		Date of Disbursement or Obligation Amount Communication Date
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)		73534.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		73534.00

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
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
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>Σ - Mail</i>	Date of Receipt or Postmarked <i>9/23/08</i>
<i>[Signature]</i>	<i>9/24/08</i>
PREPARER	DATE PREPARED

(3/2005)

28039840316