



"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](mailto:kfreeman@americanrightsatwork.org)  
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FECForm9 (09.23.08).pdf

28039840332

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name <u>AMERICAN RIGHTS AT WORK</u>		2. FEC Identification Number <u>C</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>1100 17th Street, NW Suite 950</u>		
(c) City, State and ZIP Code <u>Washington, DC 20036</u>		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement	New or <input checked="" type="checkbox"/> Amended	4. Covering Period	<u>09 22 2008</u> through <u>09 28 2008</u>
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5. (a) Date of Public Distribution(s) 09 22 2008 (b) Communication Title See Saw - MN

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 <u>Kimberly Taylor</u>	
(b) Address (number and street) <u>1100 17th Street, NW Suite 950</u>	
(c) City, State and ZIP Code <u>Washington, DC 20036</u>	
(d) Name of Employer or Principal Place of Business <u>American Rights at Work</u>	(e) Occupation <u>Finance Officer</u>

9. Total Donations This Statement ,166,950.00

10. Total Disbursements/Obligations This Statement ,166,950.00

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.

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

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name <i>Mary Beth Maxwell</i>
	(b) Address (number and street) <i>1100 17<sup>th</sup> Street, NW Suite 950</i>
	(c) City, State and ZIP Code <i>Washington, DC 20036</i>
	(d) Name of Employer or Principal Place of Business <i>American Rights at Work</i>
	(e) Occupation <i>Executive Director</i>
<b>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

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

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<p><b>A. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p>	<p><b>Date of Receipt</b></p> <p>____ / ____ / ____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>B. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p>	<p><b>Date of Receipt</b></p> <p>____ / ____ / ____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>C. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p>	<p><b>Date of Receipt</b></p> <p>____ / ____ / ____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>D. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p>	<p><b>Date of Receipt</b></p> <p>____ / ____ / ____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>E. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p>	<p><b>Date of Receipt</b></p> <p>____ / ____ / ____</p> <p><b>Amount</b></p> <p>_____</p>

<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶</p>	<p>..... 000</p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 9)</p>	<p>..... 000</p>

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

28039840336

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> SQUIER KNAPP DUNN COMMUNICATIONS			Date of Disbursement or Obligation 09 17 2008
Mailing Address of Payee 1818 N Street, NW Suite 450			Amount 166,950.00
City Washington, DC	State DC	Zip Code 20036	Communication Date 09 22 2008
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) TV Ad - See Saw MN			
Name of Federal Candidate Norm Coleman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN 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>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation
Mailing Address of Payee			Amount
City	State	Zip Code	Communication Date
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	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)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>			166,950.00
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)			166,950.00

**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>E-mail</i>	Date of Receipt or Postmarked <i>9/23/08</i>

  
 PREPARER

*9/24/08*  
 DATE PREPARED

28039840337