Gary Gruver <gruvergary@hotmail.com> on 04/01/2008 02:27:08 PM

To: <2022190174@fec.gov>
cc:

Subject: Form 9 File Attached

FEC FORM 9 (1).pdf

28039664356

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

2. FEC Identification Number
C

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

(e) Occupation
N/A

3. Is This Statement X New or ☐ Amended

4. Covering Period 01 14 2008 through 02 03 2008

5. (a) Date of Public Distribution(s) 01 22 2008 **(b) Communication Title** LOST HIS WAY

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) X 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
EXEC. DIR.

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 35,034.77

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Steve Rosenthal

SIGNATURE Steve Rosenthal DATE 04/01/08

NOTE: Submission of false, omnibus 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)

28039664357

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
STEVE ROSENTHAL
(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: PRESIDENT

B. (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: EXEC. DIR.

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

28039664358

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

NONE

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) ..... ▶ 0.00

TOTAL This Period (last page this line number only) ..... ▶ 0.00
(carry total from last page to Line 9)

28039964359

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: SQUIRE KNAPP DUNN COMMUNICATIONS

Mailing Address of Payee: 1818 N STREET NW SUITE 450

City: WASHINGTON State: DC Zip Code: 20036

Name of Employer: N/A Occupation: N/A

Date of Disbursement or Obligation: 01 14 2008

Amount: 35,034.77

Communication Date: 01 20 2008

Purpose of Disbursement (including title(s) of communication(s)): RADIO ADS - PRODUCTION AND AIRING - "LOST THE WAY"

Name of Federal Candidate: ALBERT WYNN
Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 04
Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify) ▶

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

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: [ ] 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) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 35,034.77

TOTAL This Period (last page this line number only) ▶ 35,034.77
(carry total from last page to Line 10)

28039664360

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
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☐ 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): E-Mail	Date of Receipt or Postmarked 4/1/08
PREPARER	DATE PREPARED 4/1/08

(3/2005)

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