



1100 17th Street NW, Suite 950
Washington, DC 20036
Phone: 202-822-2127
Fax: 202-822-2168
www.americanrightsatwork.org

February 11, 2009

Rebecca Hough
Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

RECEIVED
FEC MAIL CENTER
2009 FEB 19 AM 9:44

Re: Identification Number C30001119

Dear Ms. Hough:

Please find attached revised Form 9 reports referenced in your correspondence dated 1/27/09. We have corrected Schedule 9-B of the filings dated 9/2/08, 9/5/08, 9/9/08, 9/16/08, and 9/23/08 to include the election.

We have also corrected Line 9 of the Form 9 report dated 9/23/09 for the communications titled "See Saw - MN" to appropriately reflect that \$0.00 in donations were received. This amendment should correct the discrepancy identified in your correspondence.

Should you have any additional questions regarding our filings, please contact me by calling (202) 822-2127 ext. 111 or via email at kfreeman@americanrightsatwork.org.

Sincerely,


Kimberly A. Freeman
Deputy Director

Cc: Kimberly Taylor

06323003062

09/02 Filing
FOR: C30001119

29030032400

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER

2009 FEB 19 AM 9:44

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 / 01 / 2008

through

09 / 08 / 2008

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

09 / 01 / 2008

(b) Communication Title

See Saw NH

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

American Rights at Work

(e) Occupation

Finance Officer

9. Total Donations This Statement

000

10. Total Disbursements/Obligations This Statement

1,692,250.00

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

02-10-2009

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 17 th Street, NW Suite 950	
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business American Rights at Work	(e) Occupation 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

MM / DD / YYYY

Amount

Amount

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

SUBTOTAL of Donations This Page (optional)

000

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

000

29030032403

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee SQUIER KNAPP DUNN COMMUNICATIONS			Date of Disbursement or Obligation 08 / 27 / 2008	
Mailing Address of Payee 1818 N Street, NW Suite 450			Amount 169,225.00	
City Washington, DC	State DC	Zip Code 20036	Communication Date 09 / 01 / 2008	
Name of Employer _____			Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) TV AD See Saw NH				
Name of Federal Candidate John Sununu	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 _____			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) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)			169,225.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			169,225.00	

29030032404

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 checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt <i>2/19/09</i>
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm W</i> PREPARER	<i>2/19/09</i> DATE PREPARED

(3/2005)

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