

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
FEB 19 A 10:24

# 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 / 05 / 2008  
through  
09 / 08 / 2008

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

09 / 05 / 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  
**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

6,9105.00

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.

29030032414

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

29030032415

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

**A. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**B. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**C. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**D. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**E. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**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

29030032416

**SCHEDULE 9-B**

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

29030032417

<p><b>A. Full Name (Last, First, Middle Initial) of Payee</b>  <b>SQUIER KNAPP DUNN COMMUNICATIONS</b></p> <p>Mailing Address of Payee  <b>1818 N Street, NW Suite 450</b></p> <p>City <b>Washington, DC</b> State <b>DC</b> Zip Code <b>20036</b></p> <p>Name of Employer _____ Occupation _____</p>		<p>Date of Disbursement or Obligation  <b>08 / 27 / 2008</b></p> <p>Amount  <b>69,105.00</b></p> <p>Communication Date  <b>09 / 05 / 2008</b></p>
<p>Purpose of Disbursement (Including title(s) of communication(s))  <b>TV AD See Saw MN</b></p>		
<p>Name of Federal Candidate <b>Norm Coleman</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>	
<p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>	
<p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>	
<p><b>B. Full Name (Last, First, Middle Initial) of Payee</b></p> <p>Mailing Address of Payee _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Name of Employer _____ Occupation _____</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) _____</p>		
<p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>	
<p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>	
<p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>	
<p><b>SUBTOTAL of Disbursements/Obligations This Page (optional) ..... ▶</b></p>		
<p><b>TOTAL This Period (last page this line number only) ..... ▶</b>          (carry total from last page to Line 10)</p>		
<p><b>69,105.00</b>  <b>69,105.00</b></p>		

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  
2/19/09

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

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): Date of Receipt or Postmarked

*JmW*  
PREPARER 2/19/09  
DATE PREPARED

29030032418