

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEDERAL ELECTION
COMMISSION
DISCLOSURE
UNIT

2009 FEB 19 4:10 25

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 OR

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

5,682,321

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.

29030032420

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 <i>MARY BETH MAXWELL</i>	
	(b) Address (number and street) <i>1100 17th 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.	(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

29030032421

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

29030032422

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

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

08 / 27 / 2008

Amount

56,823.21

Communication Date

09 / 05 / 2008

Purpose of Disbursement (Including title(s) of communication(s))

TV AD See Saw OR

Name of Federal Candidate

Office Sought:

☐ House

State: *OR*

☒ Senate

District: _____

☐ President

Disbursement/Obligation For:

☐ Primary

☒ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Disbursement/Obligation For:

☐ Primary

☐ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

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

State: _____

☐ Senate

District: _____

☐ President

Disbursement/Obligation For:

☐ Primary

☐ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Disbursement/Obligation For:

☐ Primary

☐ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Disbursement/Obligation For:

☐ Primary

☐ General

☐ Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

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

56,823.21
56,823.21

29030032423

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.

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
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<input type="checkbox"/> No Postmark	
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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
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Jrld

PREPARER

(3/2005)

2/19/09

DATE PREPARED

29030032424