



## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR 19 A 10: 29

	<del></del>			
1. Person Making the Disbursements/Obliga	ations			
(a) Name AMERICAN RIGHTS A	T WORK			
(b) Address (number and street) check if differ	ent than previously reported	2. FEC Identification Number		
1100 17th Street, NW	Suite 950	Z. I EO Identification Number		
(c) City State and ZIP Code		C		
Washington, DC 20036		Secretaria de la constitución de		
(d) Name of Employer or Principal Place of Business	(e)	Occupation		
☐ New		09 09 2008		
		السنسالين المستجارين المستجاب والمستجابين		
3. is This Statement or	4. Covering Period	through		
Amended		09 14 2008		
5. (a) Date of Public Distribution(s)	9 2008 (b) Commu	nication Title See Saw ME		
6. The filer is a(n): (a) Individual (b) Unir	acorporated Organization (c)	Qualified Nonprofit Corporation (11 CFR 114.10)		
(d) Corporation, Labor Organization or Qua	alified Nonprofit Corporation making	g communications under 11 CFR 114.15		
(e) Other, specify:				
<ol><li>if the filer is an individual, unincorporate were the disbursements made exclusive</li></ol>	d organization or qualified no ly from donations to a segreg	enprofit corporation, Yes No V		
8. Custodian of Records				
(a) Name Kimberly Taylor				
(b) Address (number and street)  1100 17th Street, NW Swite 950				
(c) City, State and ZIP Code  Washington, DC				
(d) Name of Employer or Pfincipal Place of Business	(e)	Occupation		
American Rights a	at Work	Finance Officer		
9. Total Donations This Statement	Several Services	000		
		To realise and a result are the second are realised and a second are second are second as a second are second are		
0. Total Disbursements/Obligations This St	atement	1.7.0,5.5.7.2.0		
	mentennis	de la companya de la		
Under penalty of perjury, I certify that this stateme				
TYPE OR PRINT NAME OF PERSON COMPLETING	form Kimberly	A. Freeman		
Wall of the	Tilmin -	02-10-2009		
SIGNATURE SIMULULAY JU	DA DA	/		
NOTE: Submission of Poles arradous or incomplate	information may cublect the person signing th	his statement to the nanelties of 2 I I S C 8427a		

Per	son(s) Sharing/Exercising Control	
A.	(a) Name MARY BETH MAXWELL	
	(b) Address (number and street)  1100 17 th Street, NW Swite (c) City State and ZIP Code	e 950
	(c) City, State and ZIP Code  Washington, DC 20036	
	Washington, DC 20036  (d) Name of Employer or Principal Place of Business	(e) Occupation
	American Rights at Work	Executive Director
В.	(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)	<del></del>
	(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)	<del> </del>
	(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			Date of Receipt
١					Market , Land , Land Androne
1		Mailing Address of Donor			The second secon
Ì					Amount
		City	State	Zip	
	В.	Full Name of Donor	<u></u>		Date of Receipt
1					Andready   Land   Lands
		Mailing Address of Donor			Amount
		City	State	Zip	
	C.	Full Name of Donor	<u>-</u>		Date of Receipt
		Mailing Address of Donor	<del></del>		Amount
Ì		City	State	Zip	THE PROPERTY OF THE PARTY OF TH
		Only .			
D.	D.	Full Name of Donor			Date of Receipt
		Mailing Address of Donor			Mam , Ded , Askersh
		The same of the sa			Amount
		City	State	Zip	
E.	E.	Full Name of Donor	<del></del>		Date of Receipt
		Mailing Address of Donor			MAM , DAG , AAAAAA
		Mailing Address of Dollor			Buse Amount Breadtenand Breadtenands
		City	State	Zip	
_					and the state of t
SU	вто	TAL of Donations This Page (o	ptional)	<b>&gt;</b>	
то	TAL	This Period (last page this line (carry total from last page to L		<b>•</b>	The second control and
		• •			

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

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation		
[ ]	SQUIER KNAPP DUNN COMMUNICATIONS			09 03 2008		
	Mailing Address of Payee			specificación personal come dos retranslations		
		W Swite	460	Amount		
1	1818 N Street, N	State	Zip Code	70,557,20		
l	Washington , DC	20034	Zip Gode	Communication Date		
-	Name of Employer					
	Name of Employer	Ообара		09 09 2008		
l	Purpose of Disbursement (Including til	de(s) of communic	ation(s))	Saramana (Section Section Sect		
	TV AD See Saw M	E				
	Name of Federal Candidate		House State: ME	Disbursement/Obligation For:		
ı		ŀ	Senate	Primary General		
	Susan Collins	į	District:	Other (specify)		
l	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:		
l			Senate	Primary General		
1		[	President District:	Other (specify)		
l	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:		
		Ī	Senate	Primary General		
		[	District:	Other (specify)		
	Full Name (Last, First, Middle Initial) o	f Pavee		Date of Disbursement or Obligation		
۳.	rui Name (Last, First, Micule Initial) of Fayee		man' lasa' Lasakas			
-	Mailing Address of Payee	Pavaa				
l	(Maining / 122,1000 01 1 2)00			Amount		
-	City	ity State Zip Code				
	•		·	Communication Date		
-	Name of Employer	Occupa	tion			
١.	Purpose of Disbursement (Including tit	e(s) of communica	ation(s))			
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:		
			Senate	Primary General		
ŀ		Ĺ	District:	Other (specify) >		
1	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:		
ı			Senate	Primary General		
1			District:	Other (specify) >		
}	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:		
ł		-	Senate	Primary General		
			President District:	Other (specify) >		
		***************************************				
Amender mentilen mentilen mentilen mentilen mentilen mentilen mentilen men til men til men til som ett men til						
SUBTOTAL of Disbursements/Obligations This Page (optional)						
			•	and the second s		
T	OTAL This Period (last page this line n		<b>&gt;</b>	7055720		
	(carry total from last page to Line 10)					

(3/2005)

## **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. **Date of Receipt Hand Delivered** 2/19/07 Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): 2/19/07 PREPARER DATE PREPARED