

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
DISCLOSURE  
SECTION

2009 FEB 19 A 10:29

# 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

### 2. FEC Identification Number

C

(e) Occupation

3. Is This Statement  New  
or  
 Amended

### 4. Covering Period

09 / 09 / 2008  
through  
09 / 14 / 2008

5. (a) Date of Public Distribution(s) 09 / 09 / 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 144,640.00

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.

29030032445

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

11. Person(s) Sharing/Exercising Control

<b>A.</b> (a) Name MARY BETH MAXWELL	
(b) Address (number and street) 1100 17 <sup>th</sup> 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>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

29030032446

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

**A. Full Name of Donor**

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Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**B. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**C. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**D. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

\_\_\_\_\_

**E. Full Name of Donor**

---

Mailing Address of Donor

---

City State Zip

Date of Receipt

MM / DD / YYYY

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

29030032447

**SCHEDULE 9-B**

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

<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>09 / 03 / 2008</b></p> <p>Amount  <b>144,640.00</b></p> <p>Communication Date  <b>09 / 09 / 2008</b></p>
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Purpose of Disbursement (Including title(s) of communication(s))

**TV AD See Saw NH**

Name of Federal Candidate <b>John Sununu</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NH</b> 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) ▶ _____

<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>Date of Disbursement or Obligation          _____ / _____ / _____</p> <p>Amount          _____</p> <p>Communication Date          _____ / _____ / _____</p>
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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) ..... ▶

**144,640.00**  
**144,640.00**

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

29030032448

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

*JWP*  
PREPARER 2/19/09  
DATE PREPARED

2903003249