

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
DISCLOSURE

### 1. Person Making the Disbursements/Obligations

2009 FEB 19 A 10: 29

(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 / 09 / 2008  
through  
09 / 04 / 2008

5. (a) Date of Public Distribution(s) 09 / 09 / 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 106,005.30

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.

29030032451

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

29030032452

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

29030032453

**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

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**TOTAL** This Period (last page this line number only) ..... ▶ 000  
 (carry total from last page to Line 9)

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> SQUIER KNAPP DUNN COMMUNICATIONS		<b>Date of Disbursement or Obligation</b> 09 03 2008
<b>Mailing Address of Payee</b> 1818 N Street, NW Suite 450		<b>Amount</b> 106,005.30
<b>City</b> Washington, DC	<b>State</b> DC	<b>Zip Code</b> 20036
<b>Name of Employer</b> SQUIER KNAPP DUNN COMMUNICATIONS		<b>Occupation</b> COMMUNICATIONS
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> TV AD SEE SAW OR		
<b>Name of Federal Candidate</b> Gordon Smith	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____		<b>Date of Disbursement or Obligation</b> ____ / ____ / _____
<b>Mailing Address of Payee</b> _____		<b>Amount</b> _____
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____
<b>Name of Employer</b> _____		<b>Occupation</b> _____
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>		106005.30
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)		106005.30

20030032454

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

*Jmb* 2/19/09  
 PREPARER DATE PREPARED

29030032455