

# FEC FORM 9

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

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ENCLOSURE

2009 FEB 19 A 10:38

### 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 / 15 / 2008

through

09 / 21 / 2008

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

09 / 15 / 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

166,950.00

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.

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

PAGE 2 OF 4

**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

29030032471

**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

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**SCHEDULE 9-B**

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

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>SQUIER KNAPP DUNN COMMUNICATIONS</u>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">             09 / 10 / 2008           </div>	
<b>Mailing Address of Payee</b> <u>1818 N Street, NW Suite 450</u>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">             166,950.00           </div>	
<b>City</b> <u>Washington, DC</u>		<b>State</b> <u>20036</u>		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">             09 / 15 / 2008           </div>	
<b>Name of Employer</b> 		<b>Occupation</b> 			
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>TV AD See Saw MN</u>					
<b>Name of Federal Candidate</b> <u>Norm Coleman</u>		<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> <div style="border: 1px solid black; padding: 2px;">             / /           </div>	
<b>Mailing Address of Payee</b> 				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> </div>	
<b>City</b> 		<b>State</b> 		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">             / /           </div>	
<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> ..... ▶	<div style="border: 1px solid black; padding: 5px;">         166,950.00       </div>
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 5px;">         166,950.00       </div>

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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

*Int*

PREPARER

(3/2005)

2/19/09

DATE PREPARED

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