

# FEC FORM 9

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

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
2009 FEB 19 4 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 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

(e) Occupation

American Rights at Work

Finance Officer

### 9. Total Donations This Statement

000

### 10. Total Disbursements/Obligations This Statement

1,853,000.00

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.

29030032476

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

29030032477

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

**A. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**B. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**C. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**D. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**E. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

**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

29030032478

**SCHEDULE 9-B**

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

29030032479

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <i>SQUIER KNAPP DUNN COMMUNICATIONS</i>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">09 / 10 / 2008</div>
Mailing Address of Payee <i>1818 N Street, NW Suite 450</i>		Amount <div style="border: 1px solid black; padding: 2px;">185,300.00</div>
City <i>Washington, DC</i>	State <i>DC</i>	Zip Code <i>20036</i>
Name of Employer _____		Occupation _____
Purpose of Disbursement (Including title(s) of communication(s)) <i>TV AD see saw NH</i>		
Name of Federal Candidate <i>John Sununu</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>NH</i> 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) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">  /  /  </div>
Mailing Address of Payee _____		Amount <div style="border: 1px solid black; padding: 2px;">  ,  .  </div>
City _____	State _____	Zip Code _____
Name of Employer _____		Occupation _____
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) ▶
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 2px;">185,300.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;">185,300.00</div>

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

*JMP*  
PREPARER

2/19/09  
DATE PREPARED

29030032480