



1100 17th Street, NW, Suite 950
Washington, DC 20036
Phone: 202-822-2127
Fax: 202-822-2168

facsimile transmittal

To: FEC From: American Rights at Work

Fax: 202-219-0174 Pages (inc. Cover): 21

Phone: _____ Date: 09.09.08

Re: FORM 9 Reports CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

If you have questions, please contact
Kimberly Freeman at 202-822-2127 x111 or
kfreeman@americannightsatwork.org.

28039830520

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 St, 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 / 14 / 2008

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

09 / 09 / 2008

(b) Communication Title

See saw - AK

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

0.00

10. Total Disbursements/Obligations This Statement

82,268.96

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kimberly Freeman

SIGNATURE

Kimberly Freeman

DATE

09.09.08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

28039830521

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

11. Person(s) Sharing/Exercising Control

A. (a) Name MARY BETH MAXWELL	
(b) Address (number and street) 1100 17 th 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. (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)	
(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)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

28039830522

SCHEDULE 9-A
Donation(s) Received

28039830523

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <p>_____</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>0.00</p>

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

A. Full Name (Last, First, Middle Initial) of Payee <u>SQUIER KNAPP DUNN COMMUNICATIONS</u>				Date of Disbursement or Obligation <u>09 03 2008</u>	
Mailing Address of Payee <u>1818 N Street, NW Suite 450</u>				Amount <u>82,268.96</u>	
City <u>Washington, DC</u>		State <u>20036</u>		Communication Date <u>09 09 2008</u>	
Name of Employer <u>TV Ad: See Saw - AK</u>				Purpose of Disbursement (Including title(s) of communication(s)) 	
Name of Federal Candidate <u>Ted Stevens</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>AK</u>	
		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. Full Name (Last, First, Middle Initial) of Payee 				Date of Disbursement or Obligation 	
Mailing Address of Payee 				Amount 	
City 		State 		Communication Date 	
Name of Employer 					
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) ▶				<u>82,268.96</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<u>82,268.96</u>	

28039830524

**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.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A
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28039830525