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 Swite 950	2. FEC Identification Number
(c) City, State and ZIP Code Washington, DC 20036	C
(d) Name of Employer of Principal Place of Business (e) Occupation
New	09 09 2008
2 to This Statement A Covering Period	through
Senting of the Sentin	09 14 2008
: * Amended	
5. (a) Date of Public Distribution(s) 09 09 2008 (b) Comm	nunication 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 mak	Ing communications under 11 CFR 114.15
(e) Other, specify:	
tor - Other speedyr	
7. If the filer is an individual, unincorporated organization or qualified n were the disbursements made exclusively from donations to a segre	nonprofit corporation, 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	
(a) lasting of Employer of Finisher Flace of Sastings	e) Occupation
American Rights at Work	Finance Officer
9. Total Donations This Statement	, 0.00
10. Total Disbursements/Obligations This Statement	,181,964.35
Under penalty of perjury, I certify that this statement is true, correct and complete,	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Limberly	Freeman
Simber Att	Freeman DATE 09.09.08
SIGNATURE JEMULES THEEMAN O	DATE
NOTE: Submission of table, enoughbus 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)

A.	(a) Name MARY BETH MAXWELL					
	(b) Address (number and streat) 1100 17 th Street, NW Swite (c) City. State and ZIP Code	9.50				
	Washinaton, DC 20036					
	(d) Name of Employer of Principal Place of Business AMERICAN RIGHTS AT WORK	(e) Occupation EXECUTIVE DIRECTOR				
В.	(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				
Ē.	(a) Name					
	(b) Address (number and street)					
	(c) City, State and ZIP Code	······································				
	(d) Name of Employer or Principal Place of Business	(e) Occupation				

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FEC FORM 9 (REV 12/2007)

SCHEDULE	9-A
Donation(s)	Received

PAGE	3	OF	3A 8
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A.	Full Name of Donor		Date of Receipt
	Mailing Address of Donor		Amount
	City	State Z/p	in the state of th
B.	Full Name of Donor		Date of Receipt
	Mailing Address of Donor	g the grant of the desired of the control of the co	Another the state of the state
	City	State Zip	The second secon
C.	Full Name of Donor		Date of Receipt
	Mailing Address of Donor		Amount
	City	State Zip	The section of the se
D.	Full Name of Donor	".	Date of Receipt
	Malling Address of Donor		Amount
	City	State Zip	i Symmetherisis (Morgan Corner Mayor Albane Mayor Server Corner Morgan Corner Corner Morgan Corner Corner (Morgan
E.	Full Name of Donor		Date of Receipt
	Mailing Address of Donor		Amount
	City	State Zip	the construction of the co
SUBTO	DTAL of Donations This Page (op	tional)	
TOTAL	This Period (lest page this line re (carry total from last page to Ur	number only)	

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FEC FORM 9 (REV. 12/2007)

SCHEDULE 9-B			
Dishursement(s)	Made o	r Obligat	ion(s)

PAGE 4	OF	4
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A Full Name (ast, First, Middle Initial)	of Pavee			Date of Disbursement or Obligation
(E KNAPP DI		UNICATIO	NS	09 03 2008
Mailing Addr	ess of Pavee	70.0 007	O. CIENTIO		
	1 Street, N	W Suite	450		Amount
City	3,,,,,,	State	Zin Code		181,96435
"Wasl	nington, D	C 2003			Communication Date
Name of Em		Occupation			
	: see sa	•	_	1	09 09 2008
	Disbursement (Including t				
Name of Fed	ieral Candidata	Office Sought:	House State:	MN	Disbursement/Obligation For:
		<u> </u>	Senate		Primary General
Norm	Coleman	, , , , , , , , , , , , , , , , , , ,	District:		Other (specify)
Name of Fed	teral Candidate	Office Sought:	House State:		Disbursement/Obligation For:
•		<u> </u>	Senate		Primary General
1			President District:		Other (specify)
Name of Fed	ieral Candidate	Office Sought:	House State:		Disburaement/Obligation For:
1		·	Senate		Primary General
j			President District:		Other (specify)
B. Sull Name (ast, First, Middle Initial)	of Bayes			Date of Disbursement or Obligation
B. Full Name (C	ast, First, Middle Initial)	or Payee		{	Samuranda v Saguragus v suargrandant eus
Maliling Addre	not of Davido				Sanger and the sanger and
Mailing Abort	sas or ray ou			ĺ	Amount
CIN		State	Zip Code		
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Name of Em	nimer	Occupatio			Communication Date
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Purpose of F	Disbursement (Including to	tie(e) of communication	n/a)\		harant to be the second
. 5, 5030 5, 5	nevaluation (including d	ile(3) or commencem	A1(2))		
Name of Fed	leral Candidate	Office Sought:	House		Disbursement/Obligation For:
			Senate		Primary General
1		·	District:		Other (specify)
Name of Fed	eral Candidate	Office Squaht: 1	House		Disbursement/Obligation For:
			Senate State:		Primary General
ļ			President District:		Other (specify)
Name of Fed	eral Candidate	Office Sought;	House		Olsbursement/Obligation For;
ł		·	State:		Primary General
1		-	District: .	 -	Other (specify)
					Control Colombia
1			•		_
SUBTOTAL -4	SUBTOTAL of Disbursements/Obligations This Page (optional)				
SUBTUIAL OF	issursamants/Oalidagov	s inis rage (optional	<i>),</i>		101,764.35
TOTAL This Pe	riod (last page this line r	number only)			181,964.35
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FEC FORM 9 (REV 12/2007)

Federal Election Commission ENVELOPE REPLACEMENT PAGE

FOR INCOMING DO The FEC added this page to the end of this fill		
Hand Delivered	Date of Receipt	
USPS First Class Mail	Postmarked	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked elivery Confirmation ™ Label	
USPS Express Mail	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Received from House Records & Registration	Date of Receipt on Office	
Received from Senate Public Records Office	Date of Receipt e	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
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N/A PREPARER (5/2004)	N/A DATE PREPARED	