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 - 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
American Rights at Work

(e) Occupation
Finance Officer

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 201,440.00

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)

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