

Fax

To: **FEC** From: **Steve Rosenthal**

Fax: **202-219-0174** Pages: **5 (including cover sheet)**

Phone: Date: **08/07/2008**

Re: cc:

Urgent For Review Please Comment Please Reply Please

Recycle

● Comments:

28039811551

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

THEY WORK FOR US, INC

(b) Address (number and street) check if different than previously reported

888 16TH STREET NW SUITE 333

(c) City, State and ZIP Code

WASHINGTON DC 20006

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

2. FEC Identification Number

030000889

3. Is This Statement

New

or

Amended

4. Covering Period

08 '09 '2008

through

08 '06 '2008

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

08 '06 '2008

(b) Communication Title

COVER THE FACTS SHOWN

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

MELISSA ROY

(b) Address (number and street)

888 16TH STREET NW SUITE 333

(c) City, State and ZIP Code

WASHINGTON, DC 20006

(d) Name of Employer or Principal Place of Business

THEY WORK FOR US, INC.

(e) Occupation

EXECUTIVE DIRECTOR

9. Total Donations This Statement

000

10. Total Disbursements/Obligations This Statement

76738.67

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

Gene Rosenthal

DATE

08/07/2008

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

28039811552

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name STEVE ROSENTHAL	
(b) Address (number and street) 888 16TH STREET, NW SUITE 333	
(c) City, State and ZIP Code WASHINGTON, DC 20006	
(d) Name of Employer or Principal Place of Business THEY WORK FOR US, INC.	(e) Occupation PRESIDENT
B. (a) Name MELISSA ROY	
(b) Address (number and street) 888 16TH STREET, NW SUITE 333	
(c) City, State and ZIP Code WASHINGTON, DC 20006	
(d) Name of Employer or Principal Place of Business THEY WORK FOR US, INC.	(e) Occupation EXECUTIVE DIRECTOR
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

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SCHEDULE 9-A
Donation(s) Received

PAGE **3** OF **4**

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee SQUIRE KNAPP DANN COMMUNICATIONS			Date of Disbursement or Obligation 08 / 05 / 2008	
Mailing Address of Payee 1818 N STREET NW SUITE 450			Amount 76,738.67	
City WASHINGTON	State DC	Zip Code 20036	Communication Date 08 / 06 / 2008	
Name of Employer N/A			Occupation N/A	

Purpose of Disbursement (including title(s) of communication(s))
RADIO ADVERTISEMENT - CHECK THE FACTS SHAPIRO

Name of Federal Candidate JEANNE SHAPIRO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NE	Disbursement/Obligation For: <input checked="" 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: _____	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: _____	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	Zip Code	Communication Date	
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: _____	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: _____	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: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional)	76,738.67
TOTAL This Period (last page this line number only)	76,738.67
(carry total from last page to Line 10)	

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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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
--	---------------

<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
 PREPARER

N/A
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