

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER
2008 SEP -5 PM 2:34

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 / 05 / 2008

through

09 / 08 / 2008

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

09 / 05 / 2008

(b) Communication 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 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

FINANCE OFFICER

9. Total Donations This Statement

000

10. Total Disbursements/Obligations This Statement

69,105.00

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

09-05-08

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

28039824569

11. Person(s) Sharing/Exercising Control

A. (a) Name MARY BETH MAXWELL	
(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 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

28039824570

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

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

SUBTOTAL of Donations This Page (optional) ▶

_____ 0 0 0

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 9)

_____ 0 0 0

28039824571

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee SQUIER KNAPP DUNN COMMUNICATIONS</p> <p>Mailing Address of Payee 1818 N Street, NW Suite 450</p> <p>City State Zip Code Washington, DC 20036</p> <p>Name of Employer Occupation</p>	<p>Date of Disbursement or Obligation 08 / 27 / 2008</p> <p>Amount 69,105.00</p> <p>Communication Date 09 / 05 / 2008</p>
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Purpose of Disbursement (Including title(s) of communication(s))

TV AD - See Saw - MN

Name of Federal Candidate Norm Coleman	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN 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) ▶ _____

<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p>	<p>Date of Disbursement or Obligation</p> <p>Amount</p> <p>Communication Date</p>
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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) ▶

69,105.00

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 10)

69,105.00

28039824572

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>9/5/08</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

9/8/08
 DATE PREPARED

28039824573