



"Kimberly Freeman" <KFreeman@americanrightsatwork.org> on 09/23/2008 05:42:56 PM

To: <2022190174@fec.gov>  
cc:

Subject: American Rights at Work Form 9 Reports

If you have problems reading the attached documents, please contact me at your convenience.

**Kimberly A. Freeman**  
Deputy Director  
American Rights at Work  
1100 17th Street, NW, Suite 950  
Washington, DC 20036  
p: 202.822.2127 ext. 111  
c: 202.679.3330  
f: 202.822.2168  
e: [kfreeman@americanrightsatwork.org](mailto:kfreeman@americanrightsatwork.org)  
w: [www.americanrightsatwork.org](http://www.americanrightsatwork.org)



FECForm9 (09.23.08).pdf

28039840801

# 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 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

or

New

☒ Amended

4. Covering Period

09 22 2008

through

09 28 2008

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

09 22 2008

(b) Communication Title

See Saw OR

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 Suit. 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

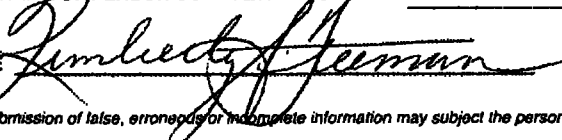
132,625.00

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



DATE

09-23-08

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

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	
Mary Beth Maxwell	
(b) Address (number and street)	
1100 17 <sup>th</sup> 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	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

**SCHEDULE 9-A**  
**Donation(s) Received**

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

**A. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM DD YY

Amount

\$

**B. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM DD YY

Amount

\$

**C. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM DD YY

Amount

\$

**D. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM DD YY

Amount

\$

**E. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM DD YY

Amount

\$

**SUBTOTAL** of Donations This Page (optional) ▶

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

000

000

28039840804

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> SQUIER KNAPP DUNN COMMUNICATIONS				<b>Date of Disbursement or Obligation</b> 09 17 2008	
<b>Mailing Address of Payee</b> 1100 17th Street, NW Suite 450				<b>Amount</b> 132,625.00	
<b>City</b> Washington, DC		<b>State</b> DC		<b>Zip Code</b> 20036	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> 09 22 2008	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> TV AD - See Saw OR					
<b>Name of Federal Candidate</b> Gordon Smith		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> OR <b>District:</b>	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <b>District:</b>	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <b>District:</b>	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>				<b>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>				<b>Amount</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>					
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <b>District:</b>	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <b>District:</b>	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <b>District:</b>	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				13262500	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				13262500	

28039840805

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
<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 checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>9/23/08</i>
<i>SR</i> PREPARER	<i>9/24/08</i> DATE PREPARED

(3/2005)

28039840806