

RECEIVED  
FEC MAIL CENTER

# 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

New

or

Amended

4. Covering Period

09 ' 01 ' 2008

through

09 ' 08 ' 2008

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

09 ' 01 ' 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, Finance Officer

(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

9. Total Donations This Statement

, , 0.00

10. Total Disbursements/Obligations This Statement

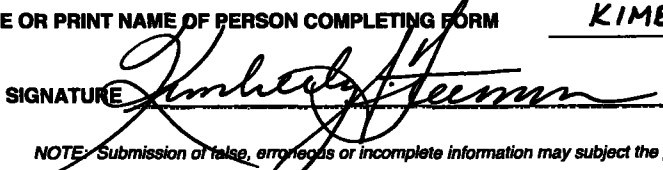
, 169,225.00

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

09-02-2008

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

28039823478

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

11. Person(s) Sharing/Exercising Control

<b>A.</b> (a) Name <i>MARY BETH MAXWELL</i>	
(b) Address (number and street) <i>1100 17<sup>th</sup> Street, NW #950</i>	
(c) City, State and ZIP Code <i>Washington, DC 20036</i>	
(d) Name of Employer or Principal Place of Business	(e) Occupation <i>Executive Director</i>
<b>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

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

<p><b>A. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y</p> <p>Amount</p> <p>’ ’ .</p>
<p><b>B. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y</p> <p>Amount</p> <p>’ ’ .</p>
<p><b>C. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y</p> <p>Amount</p> <p>’ ’ .</p>
<p><b>D. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y</p> <p>Amount</p> <p>’ ’ .</p>
<p><b>E. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y</p> <p>Amount</p> <p>’ ’ .</p>

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

0.00

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

0.00

28039823480

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039823481

A. Full Name (Last, First, Middle Initial) of Payee <b>SQUIER KNAPP DUNN COMMUNICATIONS</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y <b>08 / 27 / 2008</b>
Mailing Address of Payee <b>1818 N Street, NW, Suite 450</b>			Amount <b>169,225.00</b>
City <b>Washington, DC</b>	State <b>DC</b>	Zip Code <b>20036</b>	
Name of Employer <b>Washington, DC</b>		Occupation <b>20036</b>	Communication Date M M / D D / Y Y Y Y <b>09 / 01 / 2008</b>

Purpose of Disbursement (Including title(s) of communication(s))

**TV AD - "See Saw - NH"**

Name of Federal Candidate <b>John Sununu</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NH</b> 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) ▶ _____

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

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) ▶

**169,225.00**

TOTAL This Period (last page this line number only) ▶

(carry total from last page to Line 10)

**169,225.00**

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.

Hand Delivered Date of Receipt  
9/2/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
PREPARER 9/2/08  
DATE PREPARED

28039823482