

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS**

**1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

Alliance for a Better Minnesota 527

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

1600 University Ave. W. suite 309B

(c) City, State and ZIP Code

saint Paul

MN

55104

**2. FEC Identification Number**

**C** C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement  **New**  
or  
 **Amended**

**4. Covering Period**

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

through

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Radio: Seriously

1 0 / 2 4 / 2 0 0 8

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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes  No

**8. Custodian of Records**

(a) Name

Denise Cardinal

(b) Address (number and street)

1600 University Ave. W

(c) City, State and ZIP Code

saint paul

MN

55104

(d) Name of Employer or Principal Place of Business

Alliance for a Better Minnesota

(e) Occupation

Executive Director

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 80000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Denise Cardinal

SIGNATURE Electronically Filed by Denise Cardinal

DATE 10/23/2008

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

28039893098

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

28039893099

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> The New Media Firm Inc. <hr/> <b>Mailing Address of Payee</b> 1634 Eye Street NW suite 704 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">City</td> <td style="width:20%; border: none;">State</td> <td style="width:50%; border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">washington</td> <td style="border: none;">DC</td> <td style="border: none;">20006</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Name of Employer</td> <td style="width:40%; border: none;">Occupation</td> </tr> </table>				City	State	Zip Code	washington	DC	20006	Name of Employer	Occupation	<b>Date of Disbursement or Obligation</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">10</td><td></td><td></td><td style="text-align: center;">23</td><td></td><td></td><td style="text-align: center;">2008</td><td></td><td></td> </tr> </table> <b>Amount</b> <p style="text-align: right;">80000.00</p> <b>Communication Date</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">10</td><td></td><td></td><td style="text-align: center;">23</td><td></td><td></td><td style="text-align: center;">2008</td><td></td><td></td> </tr> </table> <b>Transction ID :</b> F93.000001		M	M	/	D	D	/	Y	Y	Y	10			23			2008			M	M	/	D	D	/	Y	Y	Y	10			23			2008		
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10			23			2008																																											
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Production, buy of radio ad: Seriously																																																	
Name of Federal Candidate Erik Paulsen  F94.000002	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN  District: 03	Disbursement/Obligation For: 2008 Primary <input checked="" type="checkbox"/> General 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: Primary <input type="checkbox"/> General Other (specify) _____																																													
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<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				80000.00																																													
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				80000.00																																													

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.

28039893100

<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>Webform # 331</i>	Date of Receipt or Postmarked <i>10/23/08</i>

*[Signature]*  
 PREPARER  
 (3/2005)

*10/23/08*  
 DATE PREPARED