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

(a) Name Alliance for a Better Minnesota 527  (b) Address (number and street)									
(c) Address (number and street) check if different than previously reported 160 University Ave. W. suite 3098  (c) City, State and 2IP Code saint Paul MN 55104  (d) Name of Employer or Principal Place of Business  (e) Occupation  New or 4. Covering Period Individual Individual (b) Unincorporated Organization 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?  8. Custodian of Records (a) Name Denise Cardinal (b) Address (number and street) 1600 University Ave. W. (c) City, State and 2IP Code Saint Paul  MN 55104  2. FEC Identification Number C 00000000  C 000000000  4. Covering Period Individual (e) Occupation Individual Indi	1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations								
(b) Address (number and street)									
(c) City. State and ZIP Code saint Paul  New  3. Is This Statement  Amended  Amended  Amended  Accovering Period  To 29 7 2008  (b) Communication Title Radio Congressional Record Record  Record  Record  To Other, specify:  7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?  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 S5104  MN S5104  C C00000000  C C00000000  Annual To 29 7 2008  A Covering Period  To 0 4 7 2008  To 0 5 9 7 2008  To 0 4 7 2008  To 0 4 7 2008  To 0 5 9 7 2008  To 0 5 9 7 2008  To 0 4 7 2008  To 0 4 7 2008  To 0 5 9 7 2008  To 0 4 7 2008  To									
saint Paul  (d) Name of Employer or Principal Place of Business  (e) Occupation    New		2. FEC Identification Number							
3. Is This Statement or 4. Covering Period #10 / 29 / 2008  4. Covering Period #10 / 29 / 2008  5. (a) Date of Public Distribution(s) *10 / 28 / 2008  6. The filer is a(n): (a) individual   (b) individual   (c) individual   (d) individual   (e) individual   (e) individual   (e) individual   (f)	saint Paul MN 55104	C C00000000							
4. Covering Period through  Amended  4. Covering Period through  Amended  4. Covering Period through  Amended  5. (a) Date of Public Distribution(s) M <sub>1 0</sub> O <sub>2 9</sub> O <sub>2 0 0 8 Y O<sub>2 0 0 8 Y</sub> (b) Communication Title Readic Congressional Record  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?  8. Custodian of Records  (a) Name  Denise Cardinal  (b) Address (number and street)  1800 University Ave. W  (c) City, State and ZIP Code  Saint Paul  (d) Name of Employer or Principal Place of Business  alliance for a Better Minnesota  executive Director  9. Total Donations This Statement</sub>	(d) Name of Employer or Principal Place of Business (e) Occupa	ition							
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:	3. Is This Statement or 4. Covering Period	through							
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(e) Other, specify:  7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?  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 (e) Occupation alliance for a Better Minnesota executive Director	6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qu	ualified Nonprofit Corporation (11 CFR 114.10)							
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(a) Name Denise Cardinal  (b) Address (number and street) 1600 University Ave. W  (c) City, State and ZIP Code Saint Paul  (d) Name of Employer or Principal Place of Business (e) Occupation alliance for a Better Minnesota  executive Director  9. Total Donations This Statement	<del>_</del>	sively Yes No No							
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 (e) Occupation alliance for a Better Minnesota executive Director  9. Total Donations This Statement	8. Custodian of Records								
(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 (e) Occupation alliance for a Better Minnesota executive Director  9. Total Donations This Statement .00	(a) Name								
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Saint Paul MN 55104  (d) Name of Employer or Principal Place of Business (e) Occupation executive Director  9. Total Donations This Statement .00									
(d) Name of Employer or Principal Place of Business alliance for a Better Minnesota executive Director  9. Total Donations This Statement	(c) City, State and ZIP Code								
9. Total Donations This Statement	Saint Paul MN	55104							
9. Total Donations This Statement .00	(d) Name of Employer or Principal Place of Business (e) Occupa	ation							
	alliance for a Better Minnesota executive	e Director							
10.Total Disbursements/Obligations This Statement 200000.00	9. Total Donations This Statement	.00							
	10.Total Disbursements/Obligations This Statement 200000.00								
Under penalty of perjury, I certify that this statement is true, correct and complete.	Under penalty of perjury, I certify that this statement is true, correct and complete.								
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	TYPE OR PRINT NAME OF PERSON COMPLETING FORM denise cardinal								
SIGNATURE Electronically Filed by denise cardinal DATE 10/30/2008	SIGNATURE Electronically Filed by denise cardinal DATE	10/30/2008							

	f Person(s) Sharing/Exercising Control tional pages as necessary)		P/	AGE 2/3
1. Pers	son(s) Sharing/Exercising Control			
A.	(a) Name denise Cardinal		Transction ID: F91.0000	101
	(b) Address (number and street) 1600 University Ave. W suite 309B suite 309B			
	(c) City, State and Zip Code			
İ	saint Paul	MN	55104	
	(d) Name of Employer or Principal Place of Business		(e) Occupation	
	alliance for a Better Minnesota		executive Director	

## 28039910103

Disbursement(s) Made or Obligations

_								
A. Full Name (Last, First, Middle Initial) of Payee						Date of Disbursement or Obligation		
The New Media Firm Inc.							10 30 2008	
Mailing Address of Payee								
1634 Eye Street NW suite 704							Amount	
-	City State Zip Code						200000.00	
_	washington	DC		20006			Communication Date	
_	Name of Employer			Occupation			10 29 2008	
							Transction ID: F93.000001	
-	Purpose of Disbursement (including title	e(s) of communicat	ion(	s))				
l	production, buy of radio ad: Seriously					_		
-	Name of Federal Candidate	Office Sought:		House	State:	MN	Disbursement/Obligation For: 2008	
ł	nom coleman		x	Senate			Primary X General	
	F94.000002		^	President	District:		Other (specify)	
-	Name of Federal Candidate	Office Sought:		House	State:		Disbursement/Obligation For:	
				Senate	State.		Primary General	
				President	District:		Other (specify)	
-	Name of Federal Candidate	Office Sought:		House			Disbursement/Obligation For:	
		• · · · · · · · · · · · · · · · · · · ·	-	Senate	State:		Primary General	
1				President	District:		•	
$\vdash$							Other (specify)	
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	SUBTOTALof Disbursement/Obligation This Page (optional)					200000.00		
	TOTAL This Period (last page this line number only) (carry total from last page to line 10)						200000.00	

(3/2005)

## **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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Wit- Form Other (Specify): 10/30/08 #359