

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C00000000

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

M M / D D / Y Y Y Y
10 / 29 / 2008

through

M M / D D / Y Y Y Y
11 / 04 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y

(b) Communication Title Radio: 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?

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

200000.00

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 cardinalDATE 10/30/2008

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

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

PAGE 2/3

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	denise Cardinal		
	(b) Address (number and street)		
	1600 University Ave. W suite 309B		
	suite 309B		
	(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

28039910102

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 3 / 3

28039910103

A. Full Name (Last, First, Middle Initial) of Payee The New Media Firm Inc.				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address of Payee 1634 Eye Street NW suite 704				Amount 200000.00	
City washington	State DC	Zip Code 20006		Communication Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) production, buy of radio ad: Seriously					
Name of Federal Candidate norm coleman	Office Sought: X House Senate President	State: MN	Disbursement/Obligation For: 2008 Primary X General Other (specify) _____		
F94.000002					
Name of Federal Candidate	Office Sought: House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
Name of Federal Candidate	Office Sought: House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
SUBTOTAL of 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	

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>Web Form #359</i>	Date of Receipt or Postmarked <i>10/30/08</i>

JAP
PREPARER
(3/2005)

10/30/08
DATE PREPARED

28039910104