

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

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

2. FEC Identification Number

C C00000000

3. Is This Statement

[X] New

or

[] Amended

4. Covering Period

M M / D D / Y Y Y Y
10 / 20 / 2008

through

M M / D D / Y Y Y Y
10 / 26 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y
10 / 20 / 2008

(b) Communication Title TV Ad - george and michele

6. The filer is a(n): (a) [] Individual (b) [] Unincorporated Organization (c) [] Qualified Nonprofit Corporation (11 CFR 114.10)

(d) [X] 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

(e) Occupation
Executive Director

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement

100000.00

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 10/17/2008

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

28039873185

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Denise Cardinal	Transaction ID : F91.000001
	(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

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SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Media Strategies <hr/> Mailing Address of Payee 9990 Lee Highway Suite 210 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fairfax</td> <td>VA</td> <td>22030</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	City	State	Zip Code	Fairfax	VA	22030	Name of Employer	Occupation			Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 17 / 2008 <hr/> Amount 100000.00 <hr/> Communication Date M M / D D / Y Y Y Y _____ <hr/> Transaction ID : F93.000001
City	State	Zip Code									
Fairfax	VA	22030									
Name of Employer	Occupation										

Purpose of Disbursement (including title(s) of communication(s))
 purchase of television ads

Name of Federal Candidate Michele Bachmann	Office Sought: <input checked="" type="checkbox"/> House	State: MN	Disbursement/Obligation For: 2008
	<input type="checkbox"/> Senate	District: 06	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
F94.000002	<input type="checkbox"/> President		Other (specify) _____
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
	<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Senate	District:	Other (specify) _____
	<input type="checkbox"/> President		
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
	<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Senate	District:	Other (specify) _____
	<input type="checkbox"/> President		

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SUBTOTAL of Disbursement/Obligation This Page (optional)	100000.00
TOTAL This Period (last page this line number only)	100000.00
(carry total from last page to line 10)	

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>Webform # 310</i>	Date of Receipt or Postmarked <i>10/17/08</i>

	<i>10/17/08</i>
PREPARER (3/2005)	DATE PREPARED

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