

**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. Suite 309B

(c) City, State and ZIP Code
Saint Paul MN 55104

(d) Name of Employer or Principal Place of Business
Denise Cardinal

(e) Occupation
Executive Director

2. FEC Identification Number
C C00000000

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

4. Covering Period
M M / D D / Y Y Y Y
09 / 03 / 2008
through
M M / D D / Y Y Y Y
09 / 12 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** TV Ad: Straight Talk
09 / 02 / 2008

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

28039824280

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 09/04/2008

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Denise Cardinal	Transaction ID : F91.000001
	(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 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 The New Media Firm Inc.				Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 03 / 2008	
Mailing Address of Payee 1634 I street NW Suite 704				Amount 200000.00	
City Washington	State DC	Zip Code 20006		Communication Date M M / D D / Y Y Y Y 09 / 03 / 2008	
Name of Employer Denise Cardinal		Occupation		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) TV Ad: Straight Talk					
Name of Federal Candidate Norm Coleman	Office Sought: X Senate	House Senate President	State: District:	MN	Disbursement/Obligation For: 2008 X Primary 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

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