

**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>2. FEC Identification Number</b>  C C00000000
(b) Address (number and street) <input type="checkbox"/> 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	

3. Is This Statement or	<input checked="" type="checkbox"/> New	4. Covering Period  through	M M / D D / Y Y Y Y 09 / 10 / 2008
	<input type="checkbox"/> Amended		M M / D D / Y Y Y Y 09 / 12 / 2008

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

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 150000.00

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 09/11/2008

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

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

**11. Person(s) Sharing/Exercising Control**

<b>A. (a) Name</b>	<b>Transaction ID : F91.000001</b>	
Denise Cardinal		
<b>(b) Address (number and street)</b>		
1600 University Ave. W suite 309B suite 309B		
<b>(c) City, State and Zip Code</b>		
saint paul	MN	55104
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>	
alliance for a better minnesota	executive director	

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> The New Media Firm			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 09 / 10 / 2008		
<b>Mailing Address of Payee</b> 1634 Eye Street NW suite 704			<b>Amount</b> 150000.00		
<b>City</b> washington	<b>State</b> DC	<b>Zip Code</b> 20006	<b>Communication Date</b> M M / D D / Y Y Y Y 09 / 03 / 2008		
<b>Name of Employer</b>		<b>Occupation</b>	<b>Transaction ID : F93.000001</b>		

**Purpose of Disbursement (including title(s) of communication(s))**

TV Ad: Straight Talk

<b>Name of Federal Candidate</b> norm coleman	<b>Office Sought:</b> X House Senate President	<b>State:</b> MN <b>District:</b>	<b>Disbursement/Obligation For:</b> 2008 X Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b> <b>Senate</b> <b>President</b>	<b>State:</b> <b>District:</b> <b>Disbursement/Obligation For:</b> Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b> <b>Senate</b> <b>President</b>	<b>State:</b> <b>District:</b> <b>Disbursement/Obligation For:</b> Primary General Other (specify) _____

**SUBTOTAL** of Disbursement/Obligation This Page (optional) .....

150000.00

**TOTAL** This Period (last page this line number only) .....  
(carry total from last page to line 10)

150000.00

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

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

Other (Specify): *Webform # 259* Date of Receipt or Postmarked  
*9/11/08*

*ES* *9/11/08*  
 PREPARER DATE PREPARED

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