

**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 New America

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

PO Box 174

(c) City, State and ZIP Code

Alexandria

VA

22313

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
12 / 28 / 2007

through

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
01 / 08 / 2008

5. (a) Date of Public Distribution(s) ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y 12 / 26 / 2007

(b) Communication Title PRICE

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes

No

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

Katherine M Buchanan

(b) Address (number and street)

PO Box 174

(c) City, State and ZIP Code

Alexandria

VA

22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

10000.00

10. Total Disbursements/Obligations This Statement

8817.36

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Katherine M. Buchanan

SIGNATURE

DATE 01/09/2008

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

28039503425

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Katherine M Buchanan	Transaction ID : F91.000001
(b) Address (number and street) PO Box 174	
(c) City, State and Zip Code Alexandria VA 22313	
(d) Name of Employer or Principal Place of Business	(e) Occupation

28039583426

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mr. Joseph W. Cotchett

Mailing Address of Donor
 840 Malcolm Road

City	State	Zip
Burlingame	CA	94010

Date of Receipt

M M / D D / Y Y Y Y
 01 / 07 / 2008

Amount

10000.00

Transction ID : F92.000001

28039583427

SUBTOTAL of Donations This Page (optional).....

10000.00

TOTAL This Period (last page this line number only).....
 (carry total from last page to Line 9)

10000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee North Hollywood Sound <hr/> Mailing Address of Payee 12155 Riverside Drive <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>North Hollywood</td> <td>CA</td> <td>91607</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	North Hollywood	CA	91607	Name of Employer	Occupation			Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 / 08 / 2008 <hr/> Amount <p style="text-align: right;">120.00</p> <hr/> Communication Date M M / D D / Y Y Y Y 12 / 26 / 2007 Transaction ID : F93.000001
City	State	Zip Code									
North Hollywood	CA	91607									
Name of Employer	Occupation										

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

Production, Title:Price

Name of Federal Candidate John R. Edwards	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA	District: 00	Disbursement/Obligation For: 2008 X Primary General Other (specify) _____
F94.000007					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: Primary General Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: Primary General Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee Henninger 1150 Post <hr/> Mailing Address of Payee 1150 17th Street, NW Suite 401 <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>Washington</td> <td>DC</td> <td>20036</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	Washington	DC	20036	Name of Employer	Occupation			Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 / 08 / 2008 <hr/> Amount <p style="text-align: right;">264.38</p> <hr/> Communication Date M M / D D / Y Y Y Y 12 / 26 / 2007 Transaction ID : F93.000002
City	State	Zip Code									
Washington	DC	20036									
Name of Employer	Occupation										

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

Production, Title:Price

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: Primary General Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: Primary General Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: Primary General Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)

384.38

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

28039583428

SCHEDULE 9-B
Disbursement(s) Made or Obligations

28039583429

A. Full Name (Last, First, Middle Initial) of Payee Daniel Zimmerman Music				Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 08 / 2008	
Mailing Address of Payee 1003 Grant Street				Amount 1000.00	
City	State	Zip Code		Communication Date M M / D D / Y Y Y Y 12 26 / 2007	
Santa Monica	CA	90405		Transaction ID : F93.000003	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Production, Title:Price					
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) _____	
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Phase Three Productions, Inc.				Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 08 / 2008	
Mailing Address of Payee 6100 Wilshire Boulevard Suite 1550				Amount 5199.65	
City	State	Zip Code		Communication Date M M / D D / Y Y Y Y 12 26 / 2007	
Los Angeles	CA	90048		Transaction ID : F93.000004	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Production, Title:Price					
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) _____	
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)				6199.65	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)					

SCHEDULE 9-B
Disbursement(s) Made or Obligations

28039583430

A. Full Name (Last, First, Middle Initial) of Payee Talent Paymaster				Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 / 08 / 2008	
Mailing Address of Payee 7315 Wisconsin Avenue Suite 705 East				Amount 859.08	
City	State	Zip Code		Communication Date	
Bethesda	MD	20814		M M / D D / Y Y Y Y 12 / 26 / 2007	
Name of Employer				Occupation	
				Transaction ID : F93.000005	
Purpose of Disbursement (including title(s) of communication(s)) Production, Title:Price					
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
		House	State:	Primary	
		Senate	District:	General	
		President		Other (specify) _____	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
		House	State:	Primary	
		Senate	District:	General	
		President		Other (specify) _____	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
		House	State:	Primary	
		Senate	District:	General	
		President		Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Victoria L. Herring				Date of Disbursement or Obligation M M / D D / Y Y Y Y 01 / 08 / 2008	
Mailing Address of Payee 4331 Greenwood Drive Suite 100				Amount 1374.25	
City	State	Zip Code		Communication Date	
Des Moines	IA	50312		M M / D D / Y Y Y Y 12 / 26 / 2007	
Name of Employer Self Employed				Occupation Photographer	
				Transaction ID : F93.000006	
Purpose of Disbursement (including title(s) of communication(s)) Production, Title:Price					
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
		House	State:	Primary	
		Senate	District:	General	
		President		Other (specify) _____	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
		House	State:	Primary	
		Senate	District:	General	
		President		Other (specify) _____	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
		House	State:	Primary	
		Senate	District:	General	
		President		Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				2233.33	
TOTAL This Period (last page this line number only)				8817.36	
(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.

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): *Web form* Date of Receipt or Postmarked
1/9/08

[Signature] *1/10/08*
PREPARER **DATE PREPARED**

28039583431