

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 / 27 / 2008

through

M M / D D / Y Y Y Y
11 / 01 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Radio: Seriously

10 / 24 / 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

20000.00

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 10/28/2008

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

28039903521

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

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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

28039903522

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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A. Full Name (Last, First, Middle Initial) of Payee The New Media Firm				Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 27 / 2008	
Mailing Address of Payee 1634 Eye Street NW suite 704				Amount 20000.00	
City Washington	State DC	Zip Code 20006		Communication Date M M / D D / Y Y Y Y 10 / 24 / 2008	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Air time for radio ad -- seriously					
Name of Federal Candidate Erik Paulsen		Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 03	Disbursement/Obligation For: 2008 Primary <input checked="" type="checkbox"/> 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)					20000.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)					20000.00

28039903523

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
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ Postmark Illegible

☐ 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
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>Web form #350</i>	Date of Receipt or Postmarked <i>10/28/08</i>
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JAP
PREPARER

10/28/08
DATE PREPARED