

**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

**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**

<sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
11 / 01 / 2008

through

<sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
11 / 03 / 2008

5. (a) Date of Public Distribution(s) <sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
11 / 01 / 2008

(b) Communication Title TV: There she goes

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

73000.00

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 10/31/2008

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

28039910558

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | <b>(a) Name</b><br>Denise cardinal  | <b>Transaction ID :</b> F91.000001          |
|           | <b>(b) Address (number and street)</b><br>1600 University Ave. W Suite 309B<br>Suite 309B     |   |
|           | <b>(c) City, State and Zip Code</b><br>Saint Paul MN 55104                                    |   |
|           | <b>(d) Name of Employer or Principal Place of Business</b><br>Alliance for a Better Minnesota | <b>(e) Occupation</b><br>Executive Director |

28039910559

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

28039910560

|   |                    |                          |  |  |
|---|--------------------|--------------------------|--|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br>Armourmedia inc |                    |                          | <b>Date of Disbursement or Obligation</b><br>M M / D D / Y Y Y Y<br>10 30 / 2008 |  |
| <b>Mailing Address of Payee</b><br>418 Euclid Street suite 100                |                    |                          | <b>Amount</b><br>73000.00  |  |
| <b>City</b><br>Santa Monica   | <b>State</b><br>CA | <b>Zip Code</b><br>90402 | <b>Communication Date</b><br>M M / D D / Y Y Y Y<br>11 01 / 2008                 |  |
| <b>Name of Employer</b>   |                    | <b>Occupation</b>        | <b>Transaction ID :</b> F93.000001   |  |

**Purpose of Disbursement (including title(s) of communication(s))**  
 production, buy of tv ad: there she goes

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....                                       | 73000.00 |
| <b>TOTAL</b> This Period (last page this line number only) .....<br>(carry total from last page to line 10) | 73000.00 |

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 #365</i>         | Date of Receipt or Postmarked<br><i>10/31/08</i> |

  
 PREPARER

*10/31/08*  
 DATE PREPARED

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