

**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**

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

through

M M / D D / Y Y Y Y  
11 / 03 / 2008

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

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