



"Ricki McMillan" <RickiM@bluegreenalliance.org> on 10/08/2010 07:33:54 PM

To: <2022190174@fec.gov>  
cc: "Tearyn Parroff" <tparroff@bredhoff.com>

Subject: FEC Form 9 filing

Attached is FEC Form 9 filing.

Ricki McMillan  
Director of Administration and Finance  
Blue Green Alliance  
2828 University Ave. SE, #200  
Minneapolis, MN 55414  
(612) 466-4497  
[www.bluegreenalliance.org](http://www.bluegreenalliance.org)



FEC Form 9.BlueGreen Alliance.10082010.pdf

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

Blue Green Alliance

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

2828 UNIVERSITY Ave SE # 200

(c) City, State and ZIP Code

MINNEAPOLIS MN 55414

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C

### 3. Is This Statement

New

or

Amended

### 4. Covering Period

10 / 09 / 2010

through

10 / 10 / 2010

### 5. (a) Date of Public Distribution(s)

10 / 09 / 2010

(b) Communication Title

This Movie

### 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. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

### 8. Custodian of Records

(a) Name

Kelly Schwinghammer

(b) Address (number and street)

2828 UNIVERSITY Ave. SE # 200

(c) City, State and ZIP Code

MINNEAPOLIS MN 55414

(d) Name of Employer or Principal Place of Business

(e) Occupation

Blue Green Alliance

NATIONAL COMMUNICATIONS DIRECTOR

### 9. Total Donations This Statement

49,949.00

### 10. Total Disbursements/Obligations This Statement

50,319.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kelly Schwinghammer

SIGNATURE

Kelly Schwinghammer

DATE

Oct 8, 2010

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

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

11. Person(s) Sharing/Exercising Control

A. (a) Name DAVID FOSTER	
(b) Address (number and street) 2020 UNIVERSITY AVE S.E. #200	
(c) City, State and ZIP Code MPLS, MN 55414	
(d) Name of Employer or Principal Place of Business BLUEGREEN ALLIANCE	(e) Occupation EXECUTIVE DIRECTOR
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor  <b>LEAGUE OF CONSERVATION VOTERS</b></p> <p>Mailing Address of Donor  <b>1920 L STREET NW SUITE 800</b></p> <p>City State Zip  <b>WASHINGTON DC 20036</b></p>	<p>Date of Receipt  <input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/></p> <p>Amount  <input type="text" value="49949.00"/></p>
<p><b>B.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>C.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>D.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>E.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ <input type="text" value="49949.00"/></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ <input type="text" value="49949.00"/>          (carry total from last page to Line 9)</p>	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> MUNDY KATOWITZ MEDIA INC		Date of Disbursement or Obligation 10 / 08 / 2010	
Mailing Address of Payee 1322 G STREET SE		Amount 49,949.00	
City WASHINGTON	State DC	Communication Date 10 / 09 / 2010	
Zip Code 20003	Name of Employer Occupation		
Purpose of Disbursement (Including title(s) of communication(s)) MEDIA BUY FOR "THIS MOVIE"			
Name of Federal Candidate TIM WALBERG	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 7	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Blue Green Alliance (IN KIND)		Date of Disbursement or Obligation 10 / 08 / 2010	
Mailing Address of Payee 2828 UNIVERSITY AVE SE #200		Amount 3,700.00	
City MINNEAPOLIS	State MN	Communication Date 10 / 09 / 2010	
Zip Code 55414	Name of Employer Occupation		
Purpose of Disbursement (Including title(s) of communication(s)) Prepared Advertisement			
Name of Federal Candidate TIM WALBERG	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 7	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ..... ▶		50,319.00	
TOTAL This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		50,319.00	

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>E-Mail</i>	Date of Receipt or Postmarked <i>10/08/2010</i>

PREPARER  
(3/2005)

DATE PREPARED