

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Independence-Alliance Party of Minnesota

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2020"/> | <input type="text" value="39.13"/> | <input type="text" value="39.13"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="39.13"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="5000.06"/> | <input type="text" value="5000.06"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="5039.19"/> | <input type="text" value="5039.19"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="3912.05"/> | <input type="text" value="3912.05"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1127.14"/> | <input type="text" value="1127.14"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Independence-Alliance Party of Minnesota

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 5000.00 | 5000.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 5000.00 | 5000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 5000.00 | 5000.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.06 | 0.06 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 5000.06 | 5000.06 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 5000.06 | 5000.06 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 289.05 | 289.05 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 289.05 | 289.05 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 3623.00 | 3623.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 3623.00 | 3623.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 3912.05 | 3912.05 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3912.05 | 3912.05 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 5000.00 | 5000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5000.00 | 5000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 289.05 | 289.05 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 289.05 | 289.05 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Independence-Alliance Party of Minnesota

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DE LA FUENTE, ROQUE ROCKY, , ,

Mailing Address **5440 MOREHOUSE DRIVE, SUITE 4000**

City **SAN DIEGO** State **CA** Zip Code **92121**

FEC ID number of contributing federal political committee. **C P60016342**

Name of Employer (for Individual) **Self** Occupation (for Individual) **Businessman**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 06 / 2020

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 5000.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Independence-Alliance Party of Minnesota

A. Fiecke, Shannon, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
08 / 26 / 2020

Mailing Address: 666 Hauge Ave
Unit 4

City: St. Paul State: MN Zip Code: 55104

Purpose of Disbursement: Reimbursement of office supplies
Candidate Name: []
Category/Type: 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number: C []
Transaction ID : SB21B.4255
Amount of Each Disbursement this Period: 239.88
 Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number: C []
Amount of Each Disbursement this Period
 Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FEC Identification Number: C []
Amount of Each Disbursement this Period
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 239.88 |
| TOTAL This Period (last page this line number only).....▶ | 239.88 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Independence-Alliance Party of Minnesota

A. Burdic, Amber , , ,

Full Name (Last, First, Middle Initial)

Mailing Address 435 Dorothy Day Place

City St. Paul State MN Zip Code 55102

Purpose of Disbursement Wages for contract work

Candidate Name **DE LA FUENTE, ROQUE ROCKY, , ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement 08 / 17 / 2020

FEC Identification Number C P60016342

Transaction ID : **SB30B.4242**

Amount of Each Disbursement this Period 205.00

Memo Item

B. Newman, Roy, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 435 Dorothy Day Place

City St. Paul State MN Zip Code 55102

Purpose of Disbursement Wages for contract work

Candidate Name **DE LA FUENTE, ROQUE ROCKY, , ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement 08 / 17 / 2020

FEC Identification Number C P60016342

Transaction ID : **SB30B.4233**

Amount of Each Disbursement this Period 242.00

Memo Item

C. Rivera, Sarah, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 435 Dorothy Day Place

City St. Paul State MN Zip Code 55102

Purpose of Disbursement Wages for contract work

Candidate Name **DE LA FUENTE, ROQUE ROCKY, , ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement 08 / 03 / 2020

FEC Identification Number C P60016342

Transaction ID : **SB30B.4230**

Amount of Each Disbursement this Period 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

697.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Independence-Alliance Party of Minnesota

| | | | |
|---|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) A. Rivera, Sarah, , , | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2020 | |
| Mailing Address 435 Dorothy Day Place | | FEC Identification Number C P60016342 Transaction ID : SB30B.4231 Amount of Each Disbursement this Period 308.00 | |
| City St. Paul | State MN | Zip Code 55102 | Category/ Type 001 |
| Purpose of Disbursement Wages for contract work | | Candidate Name DE LA FUENTE, ROQUE ROCKY, , , | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: 00 | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) B. Sease, Nina, , , | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2020 | |
| Mailing Address 435 Dorothy Day Place | | FEC Identification Number C P60016342 Transaction ID : SB30B.4249 Amount of Each Disbursement this Period 260.00 | |
| City St. Paul | State MN | Zip Code 55102 | Category/ Type 001 |
| Purpose of Disbursement Wages for contract work | | Candidate Name DE LA FUENTE, ROQUE ROCKY, , , | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: 00 | <input type="checkbox"/> Memo Item | | |

| | | | |
|---|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) C. Smith, Jerry, , , | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2020 | |
| Mailing Address 435 Dorothy Day Place | | FEC Identification Number C P60016342 Transaction ID : SB30B.4247 Amount of Each Disbursement this Period 200.00 | |
| City St. Paul | State MN | Zip Code 55102 | Category/ Type 001 |
| Purpose of Disbursement Wages for contract work | | Candidate Name DE LA FUENTE, ROQUE ROCKY, , , | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: 00 | <input type="checkbox"/> Memo Item | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 768.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Independence-Alliance Party of Minnesota

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Thomas, Jasmine , , , | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2020 |
| Mailing Address 435 Dorothy Day Place | | FEC Identification Number C P60016342 Transaction ID : SB30B.4240 Amount of Each Disbursement this Period 250.00 |
| City St. Paul | State MN | |
| Zip Code 55102 | Purpose of Disbursement Wages for contract work | Memo Item <input type="checkbox"/> |
| Candidate Name DE LA FUENTE, ROQUE ROCKY, , , | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: 00 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ward, Robert, , , | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2020 |
| Mailing Address 435 Dorothy Day Place | | FEC Identification Number C P60016342 Transaction ID : SB30B.4228 Amount of Each Disbursement this Period 210.00 |
| City St. Paul | State MN | |
| Zip Code 55102 | Purpose of Disbursement Wages for contract work | Memo Item <input type="checkbox"/> |
| Candidate Name DE LA FUENTE, ROQUE ROCKY, , , | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: 00 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ward, Robert, , , | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2020 |
| Mailing Address 435 Dorothy Day Place | | FEC Identification Number C P60016342 Transaction ID : SB30B.4229 Amount of Each Disbursement this Period 200.00 |
| City St. Paul | State MN | |
| Zip Code 55102 | Purpose of Disbursement Wages for contract work | Memo Item <input type="checkbox"/> |
| Candidate Name DE LA FUENTE, ROQUE ROCKY, , , | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: 00 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 660.00 |
| TOTAL This Period (last page this line number only).....▶ | 2125.00 |