

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alliance for a Better Minnesota Federal PAC

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="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20575.00"/>	<input type="text" value="20575.00"/>
(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="20575.00"/>	<input type="text" value="20575.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11751.39"/>	<input type="text" value="11751.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8823.61"/>	<input type="text" value="8823.61"/>
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

Alliance for a Better Minnesota Federal PAC

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	20575.00	20575.00
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.).....	0.00	0.00
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))..... ▶	20575.00	20575.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20575.00	20575.00

DETAILED SUMMARY PAGE

of Disbursements

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	1165.75	1165.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1165.75	1165.75
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)	10585.64	10585.64
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11751.39	11751.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11751.39	11751.39

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1165.75	1165.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1165.75	1165.75

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
Alliance for a Better Minnesota Federal PAC

Full Name (Last, First, Middle Initial) A. WIN MINNESOTA FEDERAL PAC		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : SA12.4117
Mailing Address 1600 UNIVERSITY AVE W SUITE 401C		Amount of Each Receipt this Period 20000.00
City SAINT PAUL State MN Zip Code 55104	FEC ID number of contributing federal political committee. C C00540450	Aggregate Year-to-Date ▼ 20000.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WIN MINNESOTA FEDERAL PAC		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA12.4136
Mailing Address 1600 UNIVERSITY AVE W SUITE 401C		Amount of Each Receipt this Period 475.00
City SAINT PAUL State MN Zip Code 55104	FEC ID number of contributing federal political committee. C C00540450	In-kind - Legal Services Aggregate Year-to-Date ▼ 20575.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WIN MINNESOTA FEDERAL PAC		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA12.4137
Mailing Address 1600 UNIVERSITY AVE W SUITE 401C		Amount of Each Receipt this Period 100.00
City SAINT PAUL State MN Zip Code 55104	FEC ID number of contributing federal political committee. C C00540450	In-kind - Compliance Services Aggregate Year-to-Date ▼ 20100.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	20575.00
TOTAL This Period (last page this line number only).....▶	20575.00

**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"/> 24	<input type="checkbox"/> 25	<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

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)
Alliance for a Better Minnesota Federal PAC

Full Name (Last, First, Middle Initial)

A. The New Media Firm

Mailing Address 1730 Rhode Island Avenue NW
Suite 213

City Washington State DC Zip Code 20036

Purpose of Disbursement
Online Media - Administration

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4134

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. WIN MINNESOTA FEDERAL PAC

Mailing Address 1600 UNIVERSITY AVE W
SUITE 401C

City SAINT PAUL State MN Zip Code 55104

Purpose of Disbursement
In-kind - Compliance Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4138

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. WIN MINNESOTA FEDERAL PAC

Mailing Address 1600 UNIVERSITY AVE W
SUITE 401C

City SAINT PAUL State MN Zip Code 55104

Purpose of Disbursement
In-kind - Legal Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4139

Amount of Each Disbursement this Period

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Alliance for a Better Minnesota Federal PAC	FEC IDENTIFICATION NUMBER ▼ C C00564013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount 2527.06
City State Zip Code Washington DC 20036	Transaction ID : SE.4119 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure Online Media	Category/Type 004
Name of Federal Candidate Michael McFadden	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 2527.06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount 670.83
City State Zip Code Washington DC 20036	Transaction ID : SE.4124 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure Online Media	Category/Type 004
Name of Federal Candidate Julianne C Ortman	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 3197.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3197.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carrie Lucking [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Alliance for a Better Minnesota Federal PAC	FEC IDENTIFICATION NUMBER ▼ C C00564013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 31 / 2014
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount 995.99
City State Zip Code Washington DC 20036	Transaction ID : SE.4129 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure Online Media	Category/Type 004
Name of Federal Candidate Christopher Ames Dahlberg	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MN
Calendar Year-To-Date Per Election for Office Sought 6891.77	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2014
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount 2527.06
City State Zip Code Washington DC 20036	Transaction ID : SE.4130 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure Online Media	Category/Type 004
Name of Federal Candidate Michael McFadden	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MN
Calendar Year-To-Date Per Election for Office Sought 9418.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3023.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carrie Lucking [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Alliance for a Better Minnesota Federal PAC	FEC IDENTIFICATION NUMBER ▼ C C00564013
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2014
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount 670.83
City State Zip Code Washington DC 20036	Transaction ID : SE.4131 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure Online Media	Category/Type 004
Name of Federal Candidate Julianne C Ortman	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought 10089.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2014
Mailing Address 1730 Rhode Island Avenue NW Suite 213	Amount 495.98
City State Zip Code Washington DC 20036	Transaction ID : SE.4132 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure Online Media	Category/Type 004
Name of Federal Candidate Christopher Ames Dahlberg	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought 10585.64	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1166.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10585.64

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carrie Lucking [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Signature