

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/>		6933.71
(b) Cash on Hand at Beginning of Reporting Period.....	39034.11	
(c) Total Receipts (from Line 19)	365394.74	4010301.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	404428.85	4017235.68
7. Total Disbursements (from Line 31).....	392999.81	4005806.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11429.04	11429.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	236102.31	

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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Alliance for a Better Minnesota Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

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).....	21670.74	73403.64
(ii) Unitemized	1224.00	4514.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22894.74	77917.64
(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)	22894.74	77917.64
12. Transfers From Affiliated/Other Party Committees.....	342500.00	3932384.33
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)).....▶	365394.74	4010301.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	365394.74	4010301.97

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	69461.41	136473.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69461.41	136473.75
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)	323538.40	3869332.89
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	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)) ..	392999.81	4005806.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	392999.81	4005806.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	22894.74	77917.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22894.74	77917.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	69461.41	136473.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69461.41	136473.75

**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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2020

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period
 25.00

Memo Item
 Total earmarked through conduit

B. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2020

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period
 25.00

Memo Item
 Total earmarked through conduit

C. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2020

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period
 273.00

Memo Item
 Total earmarked through conduit

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alliance for a Better Minnesota Federal PAC

A. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2020

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period

290.00

Memo Item
Total earmarked through conduit

B. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period

175.00

Memo Item
Total earmarked through conduit

C. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2020

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period

25.00

Memo Item
Total earmarked through conduit

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alliance for a Better Minnesota Federal PAC

A. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2020

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period

70.00

Memo Item
Total earmarked through conduit

B. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2020

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period

100.00

Memo Item
Total earmarked through conduit

C. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2020

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period

23.00

Memo Item
Total earmarked through conduit

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alliance for a Better Minnesota Federal PAC

A. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2020

Transaction ID : SA11AI.4906

Amount of Each Receipt this Period

60.00

Memo Item
Total earmarked through conduit

B. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2020

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period

50.00

Memo Item
Total earmarked through conduit

C. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2020

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period

45.00

Memo Item
Total earmarked through conduit

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Alliance for a Better Minnesota Federal PAC

A. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2020
Transaction ID : SA11AI.4909
 Amount of Each Receipt this Period
 33.00
 Memo Item
 Total earmarked through conduit

B. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2020
Transaction ID : SA11AI.4910
 Amount of Each Receipt this Period
 25.00
 Memo Item
 Total earmarked through conduit

C. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2020
Transaction ID : SA11AI.4911
 Amount of Each Receipt this Period
 5.00
 Memo Item
 Total earmarked through conduit

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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 11 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Alliance for a Better Minnesota Federal PAC

A. Alliance for a Better Minnesota

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

Mailing Address 1600 University Ave W
Suite 309

City St. Paul State MN Zip Code 55104

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 ▼
64370.76

Date of Receipt
MM / DD / YYYY
07 / 31 / 2020

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period
12887.86

Memo Item
In-kind - Operating and staff costs

B. Alliance for a Better Minnesota

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

Mailing Address 1600 University Ave W
Suite 309

City St. Paul State MN Zip Code 55104

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 ▼
72152.39

Date of Receipt
MM / DD / YYYY
08 / 31 / 2020

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period
7781.63

Memo Item
In-kind - Operating and staff costs

C. Alliance for a Better Minnesota

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

Mailing Address 1600 University Ave W
Suite 309

City St. Paul State MN Zip Code 55104

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 ▼
73153.64

Date of Receipt
MM / DD / YYYY
09 / 30 / 2020

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
1001.25

Memo Item
In-kind - Operating and staff costs

SUBTOTAL of Receipts This Page (optional).....▶	21670.74
TOTAL This Period (last page this line number only).....▶	21670.74

**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 12 OF 18
<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

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NAME OF COMMITTEE (In Full)
Alliance for a Better Minnesota Federal PAC

A. WIN MINNESOTA FEDERAL PAC

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

Mailing Address 1600 UNIVERSITY AVE W
SUITE 309C

City SAINT PAUL State MN Zip Code 55104

FEC ID number of contributing federal political committee. **C** C00540450

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3612384.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2020

Transaction ID : SA12.4912

Amount of Each Receipt this Period
22500.00

Memo Item

B. WIN MINNESOTA FEDERAL PAC

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

Mailing Address 1600 UNIVERSITY AVE W
SUITE 309C

City SAINT PAUL State MN Zip Code 55104

FEC ID number of contributing federal political committee. **C** C00540450

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3847384.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2020

Transaction ID : SA12.4913

Amount of Each Receipt this Period
235000.00

Memo Item

C. WIN MINNESOTA FEDERAL PAC

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

Mailing Address 1600 UNIVERSITY AVE W
SUITE 309C

City SAINT PAUL State MN Zip Code 55104

FEC ID number of contributing federal political committee. **C** C00540450

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3932384.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2020

Transaction ID : SA12.4914

Amount of Each Receipt this Period
85000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	342500.00
TOTAL This Period (last page this line number only).....▶	342500.00

**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)

Alliance for a Better Minnesota Federal PAC

Full Name (Last, First, Middle Initial)

A. Alliance for a Better Minnesota

Mailing Address 1600 University Ave W
Suite 309

City St. Paul State MN Zip Code 55104

Purpose of Disbursement
In-kind - Operating and staff costs

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2020

FEC Identification Number

C
Transaction ID : SB21B.4932
Amount of Each Disbursement this Period
12887.86

Memo Item

Full Name (Last, First, Middle Initial)

B. Alliance for a Better Minnesota

Mailing Address 1600 University Ave W
Suite 309

City St. Paul State MN Zip Code 55104

Purpose of Disbursement
In-kind - Operating and staff costs

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2020

FEC Identification Number

C
Transaction ID : SB21B.4931
Amount of Each Disbursement this Period
7781.63

Memo Item

Full Name (Last, First, Middle Initial)

C. Alliance for a Better Minnesota

Mailing Address 1600 University Ave W
Suite 309

City St. Paul State MN Zip Code 55104

Purpose of Disbursement
In-kind - Operating and staff costs

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C
Transaction ID : SB21B.4930
Amount of Each Disbursement this Period
1001.25

Memo Item

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

21670.74

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 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

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

A. Anzalone Liszt Grove Research

Full Name (Last, First, Middle Initial)

Mailing Address 260 Commerce St, 4th Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement Polling

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4916

Amount of Each Disbursement this Period: 20450.00

Memo Item

B. Avalanche Strategy, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 9335 Eric PL NE

City Bainbridge Island State WA Zip Code 98110

Purpose of Disbursement Research and analysis

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4918

Amount of Each Disbursement this Period: 22500.00

Memo Item

C. Bremer Bank

Full Name (Last, First, Middle Initial)

Mailing Address 427 Snelling Ave N

City Saint Paul State MN Zip Code 55104

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4920

Amount of Each Disbursement this Period: 80.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 43030.00

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 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)

Alliance for a Better Minnesota Federal PAC

Full Name (Last, First, Middle Initial)

A. Bremer Bank

Mailing Address 427 Snelling Ave N

City Saint Paul State MN Zip Code 55104

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2020

FEC Identification Number

C

Transaction ID : SB21B.4923

Amount of Each Disbursement this Period

80.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bremer Bank

Mailing Address 427 Snelling Ave N

City Saint Paul State MN Zip Code 55104

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2020

FEC Identification Number

C

Transaction ID : SB21B.4924

Amount of Each Disbursement this Period

132.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Public Policy Polling

Mailing Address 2912 Highwoods Blvd, Suite 201

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.4921

Amount of Each Disbursement this Period

4500.00

Memo Item

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

4712.00

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

69412.74

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Alliance for a Better Minnesota Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor New Partners			Nature of Debt (Purpose): Phone Banks
Mailing Address PO Box 5021			
City St. Cloud	State MN	Zip Code 56032	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4934	
Amount Incurred This Period 236102.31	Payment This Period 0.00	Outstanding Balance at Close of This Period 236102.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	236102.31
2) TOTALS This Period (last page this line number only)..... ▶	236102.31
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	236102.31

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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Clarify Agency
Mailing Address 870 Market St. Suite 428
City San Francisco State CA Zip Code 94102
Purpose of Expenditure Online Media
Date of Public Distribution/Dissemination 08/19/2020
Amount 230756.00
Transaction ID: SE.4712
Date of Disbursement or Obligation 08/17/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 3776550.49

Full Name of Payee Clarify Agency
Mailing Address 870 Market St. Suite 428
City San Francisco State CA Zip Code 94102
Purpose of Expenditure Online Media
Date of Public Distribution/Dissemination 09/09/2020
Amount 92782.40
Transaction ID: SE.4713
Date of Disbursement or Obligation 09/01/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 3869332.89

(a) SUBTOTAL of Itemized Independent Expenditures 323538.40
(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.

Davis, Joe, , [Electronically Filed] Date 10/15/2020
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Alliance for a Better Minnesota Federal PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00564013 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item New Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2020 </div>						
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 176573.70 </div> Transaction ID : SE.4721 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>St. Cloud</td> <td>MN</td> <td>56032</td> </tr> </table>		City	State	Zip Code	St. Cloud	MN	56032
City		State	Zip Code				
St. Cloud	MN	56032					
Purpose of Expenditure Phone Banks (actual cost from 10/2/20 \$170,250 estimate on 48 hr report)							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BIDEN, JOSEPH R JR, R, , Jr.	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 4045906.59 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input checked="" type="checkbox"/> Memo Item New Partners	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2020 </div>						
Mailing Address PO Box 5021	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 59528.61 </div> Transaction ID : SE.4724 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>St. Cloud</td> <td>MN</td> <td>56032</td> </tr> </table>		City	State	Zip Code	St. Cloud	MN	56032
City		State	Zip Code				
St. Cloud	MN	56032					
Purpose of Expenditure Phone Banks (actual cost from 10/2/20 \$62,250 estimate on 48 hr report)							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SMITH, TINA, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> State: <u>MN</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 59528.61 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 323538.40 </div>

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.

Davis, Joe, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
10 / 15 / 2020

Signature