

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation BRIGHTER FUTURE ALLIANCE		3. FEC Identification Number C C90022229
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 1562		
(c) City, State and ZIP Code BISMARCK ND 58502		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

/ /

5. COVERING PERIOD:

FROM / /
THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. 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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

FINKEN, PAT, , ,

FINKEN, PAT, , ,

06/03/2024

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

SCHEDULE 5-A ITEMIZED RECEIPTS

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 FILER (In Full)
BRIGHTER FUTURE ALLIANCE

A. Full Name (Last, First, Middle Initial) BRIGHTER FUTURE ALLIANCE, - ORGANIZATION, , ,			Date of Receipt 06 / 03 / 2024
Mailing Address PO BOX 1562			Transaction ID : F56.4243
City BISMARCK	State ND	Zip Code 58502	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2995.00
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)	2995.00
TOTAL This Period (last page carry total to Line 6)	2995.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
BRIGHTER FUTURE ALLIANCE

Full Name (Last, First, Middle Initial) of Payee Curve Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2024	
Mailing Address PO Box 1832		Amount 2995.00	
City Gallatin	State TN	Zip Code 37066	Transaction ID : F57.4244
Purpose of Expenditure Radio Ad Production	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: BECKER, RICK, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 514091.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2995.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	2995.00