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Image# 202012039338108550

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3X	For Other Than An Au	uthorized Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Alliance for a Better	Minnesota Federal PA	AC		
<u> </u>				
ADDRESS (number and street Check if different than previously reported. (ACC)	Suite 309 Saint Paul		MN 55104	
2. FEC IDENTIFICATION	NUMBER ▼ C	CITY A	STATE ▲ ZIP CO	DE 🛦
C C00564013	3.	IS THIS REPORT NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports July 15 Quarterly Reports October 15 Quarterly Reports January 31 Year-End Reports July 31 Mid-Year Report (Non-ele Year Only) (MY	rt (Q1) rt (Q2) rt (Q3) rt (YE) ar ection) Report Due On: Ma Ap Ap Ap PRE-Election Report for the: Election Ap PRE-Election Report for the: Ap Ap Ap Ap Ap Ap Ap Ap Ap A	Primary (12P) Convention (12C) May 20 (M5) Jun 20 (M6) Primary (12P) Convention (12C)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
(TER)	Elect	tion on 11 03	in the State of	of MN
5. Covering Period	10 15 2020	through 11	232020	
I certify that I have examine Type or Print Name of Treas	Davis, Joe, , ,	of my knowledge and belief it is t	rue, correct and complete.	
Signature of Treasurer	Davis, Joe, , ,	[Electronically Filed]	Date 12 03	2020
NOTE: Submission of false, e	rroneous, or incomplete informati	ion may subject the person signing	this Report to the penalties of 52	U.S.C. § 30109
Office Use			FEC FOR Rev. 05/2	

OF	FRECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name		
Alliance for a Better Minnesota Fede	eral PAC	
Report Covering the Period: From:	/ 15 / 2020 To	: 11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		6933.71
(b) Cash on Hand at Beginning of Reporting Period	236486.65	
(c) Total Receipts (from Line 19)	320113.00	4555474.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	556599.65	4562408.68
7. Total Disbursements (from Line 31)	554986.23	4560795.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1613.42	1613.42
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)	0.00	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or 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)

Write or Type Committee Name

Alliance for a Better Minnesota Federal PAC

ort Covering the Period: From: 10	15 2020 To	o: 11 23 2020
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
•		
(i) Itemized (use Schedule A)	165000.00	463403.64
(ii) Unitemized	113.00	4687.00
Lines 11(a)(i) and (ii)	165113.00	468090.64
,	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	165113.00	468090.64
	155000.00	4087384.33
II Loans Received	0.00	0.00
	0.00	0.00
Carry Totals to Line 37, page 5)	0.00	0.00
Political Committees	0.00	0.00
	0.00	0.00
(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
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

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
. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonida Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	44.51	136520.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44.51	136520.65
2. Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	554941.72	4424274.61
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
` '		4 4 4
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
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(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	554986.23	4560795.26
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	554986.23	4560795.26

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	165113.00	468090.64
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	165113.00	468090.64
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44.51	136520.65
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	44.51	136520.65

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

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

		LINE			:	PAGE	=	6	OF	14
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports and a or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any parties of any political committee	person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Alliance for a Better Minnesota	Federal PA	AC	
Full Name of Individual (Last, First, Middle Ir ActBlue Technical Services Mailing Address 366 Summer Street	nitial) or Full Org	anization Name	Date of Receipt
01.	04-1	75 Octo	10 18 2020
City Somerville	State MA	Zip Code 02144	Transaction ID : SA11AI.4971
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual)	Occup	ation (for Individual)	X Memo Item Total earmarked through conduit
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle In ActBlue Technical Services Mailing Address 366 Summer Street	nitial) or Full Org	anization Name	Date of Receipt 10 25 2020
City Somerville	State MA	Zip Code 02144	Transaction ID : SA11Al.4972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		53.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item Total earmarked through conduit
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle Ir ActBlue Technical Services	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 366 Summer Street			11 03 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Somerville	State MA	Zip Code 02144	Transaction ID : SA11AI.4973
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item Total earmarked through conduit
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			0.00
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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l			13		14		15	16	6	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 of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Technical Services Date of Receipt Mailing Address 366 Summer Street 2020 11 City Zip Code State Transaction ID: SA11AI.4974 MA Somerville 02144 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Total earmarked through conduit Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Technical Services Date of Receipt Mailing Address 366 Summer Street 15 2020 City State Zip Code Transaction ID: SA11AI.4975 MA Somerville 02144 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Total earmarked through conduit Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Technical Services Date of Receipt Mailing Address 366 Summer Street 22 2020 City State Zip Code Transaction ID: SA11AI.4976 MA Somerville 02144 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. X Memo Item Name of Employer (for Individual) Occupation (for Individual) Total earmarked through conduit Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	X	11a		11b		11c	12	2	
		13		14		15	16	6	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 of Individual (Last, First, Middle Initial) or Full Organization Name Alliance for a Better Minnesota Date of Receipt Mailing Address 1600 University Ave W 19 2020 Suite 309 City State Zip Code Transaction ID: SA11AI.4985 St. Paul MN 55104 Amount of Each Receipt this Period FEC ID number of contributing C 65000.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 138153.64

calci (epocily) •	4 4	
Full Name of Individual (Last, First, Midd Alliance for a Better Minnesota Mailing Address 1600 University Ave W, S	Action Fund	Date of Receipt
City St. Paul FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	State Zip Code 55104 C Occupation (for Individual) Aggregate Year-to-Date ▼ 100000.00	Transaction ID : SA11AI.4986 Amount of Each Receipt this Period 100000.00 Memo Item
Full Name of Individual (Last, First, Midd Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	le Initial) or Full Organization Name State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item
	nber only)	165000.00 165000.00
		FEC Schedule A (Form 3X) Rev. 06/20

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 14 (check only one) 11a 11b 11c
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Alliance for a Better Minnesota	Federal F	PAC	
Full Name of Individual (Last, First, Middle III A. WIN MINNESOTA FEDERAL PAC	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1600 UNIVERSITY AVE W SUITE 309C			11 19 2020
City SAINT PAUL	State MN	Zip Code 55104	Transaction ID : SA12.4988 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0540450	155000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4087384.33	
Full Name of Individual (Last, First, Middle In B.	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle II C.	nitial) or Full C	Organization Name	Date of Receipt
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City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			155000.00

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

155000.00

S 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 or 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. Bremer Bank Mailing Address 427 Snelling Ave N City Saint Paul Purpose of Disbursement Both Fees Candidate Name Office Sought: Universal of Disbursement Determine the service of Disbursement Confice Sought: House Disbursement For: State: District: District: District: Disbursement Disb	SCHEDULE B (FEC Form 3X)	11	I lloo concrete cohodulo(c) I				LINE NUMBER: PAGE 10 OF 14					
Detailed Summary Page	ITEMIZED DISBURSEMENTS			l `		, –	□ 00					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of self-cling contributions of 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. Bremer Bank Mailing Address 427 Shelling Ave N City Saint Paul Bank Fees Candidate Name City Saint Paul Bank First, Middle Initial) B. City Saint Paul Bank First, Middle Initial) B. City Saint Paul B. Category/ Type Office Sought: Grand Address City State State Distruct Full Name (Last, First, Middle Initial) City Saint Paul Bank First, Middle Initial) City State Distruct Candidate Name City Saint Paul Benk First, Middle Initial) City State Distruct Candidate Name City Saint Paul Benk First, Middle Initial) City State Distruct Candidate Name City State Distruct Candidate Name City Siate Distruct City State Distruct Candidate Name City Siate Distruct Candidate Name City Siate Distruct City Siate Distruct City Siate Distruct City Siate Distruct Category/ Type FEC Identification Number City Amount of Each Disbursement this Period Tity First Middle Initial) City Siate Distruct Category/ Type FEC Identification Number City Amount of Each Disbursement this Period Tity First Middle Initial) City Siate Distruct Category/ Type Office Sought: Memo Item FEC Identification Number City Amount of Each Disbursement this Period Type FEC Identification Number City Amount of Each Disbursement this Period Tity Memo Item Memo Item Memo Item Substortal of Disbursement this Period Type Amount of Each Disbursement this Period Type Type Amount of Each Disbursement this Period Type												
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Full Name (Last, First, Middle Initial) A. Bremer Bank Mailing Address 427 Sneiling Ave N City Saint Paul Share Should Purpose of Disbursement Bank Fees Candidate Name Candidate Name City Senate Prisadent State: District: Full Name (Last, First, Middle Initial) City State Zip Code Shire Senate Primary General Primary Genera	` '	_										
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Candidate Name Office Sought: House Senate President State: District: House Perseident State: District: Senate President State: District: Power Senate President State: District: House Senate President State: District: Senate Senate President State: District: Senate Senate President State: District: Senate Se	•			· · ·		T		ID - CD04	D 4000			
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City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Substotal of Disbursements This Page (optional)	C.				Date	of D	isburse	ment				
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Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Substract: District: Substract Of Disbursements This Page (optional)	City	State	Zip Code		FEC	Iden	tification	Number				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substruct: Memo Item 40.00	Purpose of Disbursement											
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substruct: Memo Item						_						
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Substrict: Memo Item 40.00	Candidate Name				/ Amo	unt o	f Each	Disbursen	nent this P	eriod		
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburse	ement For:		71	TI.		- ·	1 75				
State: District: 40.00 SUBTOTAL of Disbursements This Page (optional)							,	,				
SUBTOTAL of Disbursements This Page (optional)		Other (spe	ecify) 🔻			Memo	ltem					
30BTOTAL OF DISDUISEMENTS THIS Fage (Optional)	Side. District.					_				_		
	SUBTOTAL of Disbursements This Page (optional)						7-1	-	40.0	0		
TOTAL This Period (last page this line number only)		`			- =		-		40.0	0		

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 11 OF 14 FOR LINI (check or

E NUMBER:		
nly one)		9
	v	10

			Hambered inte)	
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 (Pu Phone Banks	Nature of Debt (Purpose): Phone Banks	
Mailing Address PO Box 5021				
City St. Cloud	State MN	Zip Code 56032		
Outstanding Balance Beginning This P	l	30032	Transaction ID :	SD10.4934
236102.31				
Amount Incurred This Period	Pay	Payment This Period 236102.31		nce at Close of This Period 0.00
0.00		230102		7
B. Full Name (Last, First, Middle Initial) of	of Debtor or Creditor		Nature of Debt (Pu	urpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This P Amount Incurred This Period		Payment This Period		ance at Close of This Period
C. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of Debt (Pu	urpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This P Amount Incurred This Period		ment This Period	Outstanding Bala	ance at Close of This Period
1) SUBTOTALS This Period This Page (op	otional)		>	0.00
2) TOTALS This Period (last page this line	number only)		>	0.00
3) TOTAL OUTSTANDING LOANS from S	chedule C (last page or	nly)	>	7
4) ADD 2) and 3) and carry forward to app	propriate line of Summa	ry Page (last page o	nly) ▶	7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 14 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Alliance for a Better Minnesota Federal PAC C00564013 Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item **New Partner's** 17 2020 Mailing Address PO Box 5021 Amount City State Zip Code 247200.00 56032 Transaction ID: SE.4938 St. Cloud MN Date of Disbursement or Obligation Purpose of Expenditure Category/ Phone Banks (Estimate) Type Name of Federal Candidate: **X** Support Office Sought: House District: BIDEN, JOSEPH R JR, R, , Jr. Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 4045906.59 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item **New Partners** 2020 17 10 Mailing Address PO Box 5021 Amount City State Zip Code 83300.00 St. Cloud Transaction ID: SE.4939 MN 56032 Date of Disbursement or Obligation Purpose of Expenditure Category/ Phone Banks (Estimate) Type Name of Federal Candidate: x Support Office Sought: House District: SMITH, TINA, , , MN Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 59528.61 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (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] 12 03 2020 Date Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 14 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Alliance for a Better Minnesota Federa	al PAC			C C00564013
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee New Partners		☐ Memo	Item Date	e of Public Distribution/Dissemination
				M 09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 5021			Amo	unt
City	State	Zip Code	— F	176573.70
St. Cloud	MN	56032 Transaction ID :		nsaction ID : SE.4993
Purpose of Expenditure Phone Banks (payment on actual cost)		Category/ Type	Date	11 23 2020
Name of Federal Candidate:				
BIDEN, JOSEPH R JR, R, , Jr.		Support Oppose	Office Sou	
			Disburseme	
Calendar Year-To-Date Per Election for Office Sought		4045906.59	2020	Other (specify) >
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
New Partners				09 30 / Y Y Y Y Y Y
Mailing Address PO Box 5021			Amo	unt
			Allio	
City St. Cloud	State	Zip Code	Trai	59528.61 nsaction ID : SE.4994
	MN	56032	I	e of Disbursement or Obligation
Purpose of Expenditure Phone Banks (payment on actual cost)		Category/ Type		11 23 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:
SMITH, TINA, , ,		Oppose	Presi	dent Senate State: MN
Calendar Year-To-Date		59528.61	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 7	5502510	2020	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures .			· -	236102.31
(b) SUBTOTAL of Unitemized Independent Expenditure	00			
(b) 300101AE of Officernized independent Experional			•	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Davis, Joe, , ,	Electronically Fil	ed]	M = M	03 2020
Signature		Date	12	03 2020

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITORES				PAGE 14 OF 14 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Alliance for a Better Minnesota Federa	al PAC			C C00564013	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination	
New Partners				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 5021			Am	nount	
City	State	Zip Code		242033.77	
St. Cloud	MN	56032		Transaction ID : SE.4999 Date of Disbursement or Obligation	
Purpose of Expenditure Phone Banks (actual cost from 10/18 \$247,700 estir hr report)	nate on 24	Category/ Type		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office So	ught: House District:	
BIDEN, JOSEPH R JR, R, , Jr.		Oppose	x Pre	sident Senate State:	
Calendar Year-To-Date Per Election for Office Sought		4287940.36	Disburser 2020	nent For:	
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination	
New Partners				10 17 2020	
Mailing Address PO Box 5021			Am	nount	
City	State	Zip Code	— г	76805.64	
St. Cloud	MN	56032		ansaction ID : SE.5001 te of Disbursement or Obligation	
Purpose of Expenditure Phone Banks (actual cost from 10/18 \$83,300 estimate on 24 hr report) Category/ Type			11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		x Support	Office So	ught: House District:	
SMITH, TINA, , ,		Oppose	Pre	sident Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	136334.25	Disburser 2020	nent For:	
(a) SUBTOTAL of Itemized Independent Expenditures				318839.41	
, , ,					
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • _		
(c) TOTAL Independent Expenditures			•	554941.72	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Davis, Joe, , ,	Electronically Fil	[ed]	M = M	03 2020	
Signature		Date	9 12	2020	