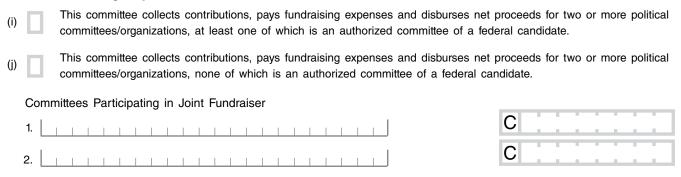
Image# 202405019636874596				05/01/2024 12 : 46 PAGE 1 / 4 —
FEC FORM 1	STATEME ORGANIZ	_		
			(	Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Alliance for a Bette	- Minnocoto Eodo			
ADDRESS (number and street)	1600 University Ave W			
(Check if address	Suite 309			
is changed)	St Paul			5104
			STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	info@abetterminnesota.or	q		
is changed)				
	Optional Second E-Mail Ac egoon@winminnesota.org			
(Check if address is changed)	abetterminnesota.org			
	0 / Y Y Y Y 2015			
. FEC IDENTIFICATION N		000564013		
. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined t	his Statement and to the bes	t of my knowledge and belief	it is true, correct an	d complete.
ype or Print Name of Treasure	Pr Davis, Joe, , ,			
Signature of Treasurer Davi	s, Joe, , ,		Date 05	/ 01 / Y Y Y 2024
OTE: Submission of false, erron		n may subject the person signing ATION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

05/01/2024 12 : 46

FEC Form 1 (Revised 03/2022)	Page <b>2</b>									
5. TYPE OF COMMITTEE:										
Candidate Committee:										
(a) This committee is a principal campaign committee. (Complete	the candidate information below.)									
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)										
Name of Candidate										
Candidate Office Party Affiliation Sought: House	Senate President District									
(c) This committee supports/opposes only one candidate, and is I	NOT an authorized committee.									
Name of Candidate										
Party Committee:       (National, State         (d)       This committee is a         (a)       Image: State         (b)       Image: State         (c)       Image: State         (d)       Image: State         (d)	e of the Comparison (Democratic, Republican, etc.) Party									
Political Action Committee (PAC): <ul> <li>(e) This committee is a separate segregated fund. (Identify connection)</li> </ul>	cted organization on line 6.) Its connected organization is a:									
Corporation Corporation w/	o Capital Stock									
Membership Organization Trade Associat	ion Cooperative									
In addition, this committee is a Lobbyist/Registrant F	AC.									
(f) This committee supports/opposes more than one Federal cano committee. (i.e., nonconnected committee)	lidate, and is NOT a separate segregated fund or party									
In addition, this committee is a Lobbyist/Registrant F	AC.									
In addition, this committee is a Leadership PAC. (Ide	entify sponsor on line 6.)									
(g) $ imes$ This committee is an independent expenditure-only political co	mmittee (Super PAC).									
In addition, this committee is a Lobbyist/Registrant F	AC.									
(h) This committee is a political committee with both contribution a	and non-contribution accounts (Hybrid PAC).									
In addition, this committee is a Lobbyist/Registrant F	AC.									

## Joint Fundraising Representative:



Relationship:

	FEC Form 1 (Revised 0	02/2009)																		Pa	age	<b>3</b>		
٧	Vrite or Type Committee Name																							
	Alliance for a Be	tter Minnesota	i Fec	dera	al I	PA	٩C	,																
6.	Name of Any Connected O	rganization, Affiliated C	commit	tee, .	Join	t Fu	ındı	raisi	ng	Rep	ores	sent	ativ	ve,	or	Le	ade	erst	nip	PA	C S	spo	nso	r
																1								
																1								
	Mailing Address	1600 UNIVERSITY AVE	W															]						
		SUITE 401C									1							]						
												M	N 			55	5104	1			-[			
			CITY A	▲							9	STA	ΓE .						ZIP	CC	DD	E 🔺		

7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and records.

Joint Fundraising Representative

Leadership PAC Sponsor

Connected Organization X Affiliated Organization

Davis, Joe, Full Name	,, 			
Mailing Address	1600 University Ave W			
	Suite 309			
	Saint Paul		MN 55104	
	CITY ▲		STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nur	mber	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Davis, Joe, , ,
of Treasurer	
Mailing Address	1600 University Ave W
	Suite 309
	Saint Paul       MN       55104
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	2/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	-

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Breme	Bank			
Mailing Address		427 Snelling Ave N			
		Saint Paul		MN 55104	
			CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository,	etc.			
Mailing Address					
			CITY 🔺	STATE A	ZIP CODE ▲