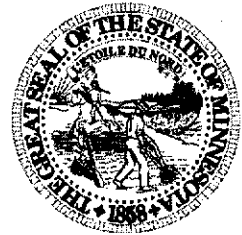


Minnesota

Campaign Finance and Public Disclosure Board

DUE July 26, 2010



Suite 190 . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . www.cfboard.state.mn.us
Email at: cf.board@state.mn.us

Report of Receipts and Expenditures for Independent Expenditure Committees and Independent Expenditure Funds

Period covered: January 1 through July 19, 2010

REPORT DUE DATE IS JULY 26, 2010

Filing Instructions

- This report may be emailed to cfb.reports@state.mn.us or faxed to (651) 296-1722; (800) 357-4114
- All information on this form or report is public information and may be published on the Board's website at www.cfboard.state.mn.us
- It is unlawful to use this information for commercial purposes.
- Do not use pencil or red ink.
- Board staff may also be reached by phone at (651) 282-6894 or (800) 657-3889 or by email at cf.board@state.mn.us

Committee or fund information

Committee or fund name Alliance for a Better Minnesota Action Fund	Registration number 80024
Treasurer name Jessie Danielson	Treasurer email address Jdanielson@americavotes.org
Treasurer address 1600 University Ave W, Ste 309A	
Treasurer city, state, zip St Paul, MN 55104	Treasurer telephone (daytime) 6516472640

Report Options

Check one of the boxes below *only if applicable* and provide the requested information.

- No change statement** Check this box only if your committee or fund received *no* contributions and made *no* expenditures during this period. Do not use this statement if there was any monetary change. If there was no change:
Provide the current cash balance: \$ _____, and sign here _____
I, the treasurer or deputy treasurer (check one) certify there has been no change.
- Amendment** Check this box if your committee or fund is filing this report to amend a previously filed report for this period.
- Termination** Check this box if your committee has dissolved. A committee may not dissolve unless it has settled all its debts and disposed of all its assets in excess of \$100.

CAMPAIGN FINANCE & PUBLIC DISCLOSURE BOARD
JUL 26 PM 4:07

This document is available in alternative formats to individuals with disabilities by calling (651)296-5148; (800)657-3889; or through the Minnesota Relay Service at (800)627-3529.

For office use only <input type="checkbox"/> Checked in <input type="checkbox"/> Scanned <input type="checkbox"/> Data entered

COMMITTEE OR FUND TRANSACTION SUMMARY

1	Beginning cash balance 1/1/10 (should be the same as the 12/31/09 ending cash balance)		\$ 258.42			
A	RECEIPTS:		Cash (Col. 1)	Blank (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
2	Total contributions received from individuals and registered committees	Sch. A1 - IR	\$1,613,750. ⁰⁰		\$ —	\$1,613,750. ⁰⁰
3	Total contributions received from unregistered associations that was derived from business revenue	Sch. A1 - BR	\$ —		\$ —	
4	Total contributions received from unregistered associations that was derived from fees, dues, and contributions.	Sch. A1 - UA	\$60,000. ⁰⁰		\$22,528.41	\$82,528.41
5	Receipts from loans payable	Sch. A2 - LP	\$ —			\$ —
6	Miscellaneous income	Sch. A2 - MISC	\$ —			\$ —
7	TOTAL RECEIPTS	Sum #2 thru #6	\$1,673,750. ⁰⁰		\$22,528.41	\$1,696,278.41
B	DISBURSEMENTS:		Cash (Col. 1)	Unpaid bills (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
8	Expenditures	Sch. B1 - EXP	\$102,609.48	\$ —	\$ —	\$102,609.48
9	Contributions to Independent Expenditure Committees and Funds	Sch. B2 - IND PAC	—			
10	Independent expenditures <i>See required form on page 16</i>	Sch. B2 - IND	\$685,619.28	\$ —		\$685,619.28
11	TOTAL EXPENDITURES	Sum #8 thru #10	\$788,228.76	\$ —	\$ —	\$788,228.76
12	Ending cash balance 7/19/10	#1 + #7 - #11	\$885,779. ⁶⁶			

LOANS SUMMARY

Total of all loans owed by your committee as of July 19, 2010, including all previous years.	\$ —
Total of all loans owed to you committee as of July 19, 2010, including all previous years.	\$ —

CERTIFICATION

I, Jessie Danijson, certify that this report is complete, true, and correct.
(print or type name)

Jessie Danijson _____ July 26, 2010 _____
 Signature of treasurer or deputy treasurer (check one) Date

Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

Reg # 80024

Schedule A1 - IR - Contributions Received from Individuals and Registered Committees

Make photocopies of this page if additional space is needed

Page 1 of 1

Date	Committee registration number	Name and full address of contributor <small>If contributor is an individual list the name of employer (if self-employed, list "self" & disclose the occupation)</small>	1 Cash	2 In-kind <small>(list item & fair market value)</small>	3 Total Cash & in-kind
4/20/10	# 30625	Win Minnesota 1600 University Ave. W. #309C St. Paul, MN 55104	\$13,750. ⁰⁰	\$ —	\$13,750. ⁰⁰
7/7/10	# 30625	Win Minnesota	\$900,000. ⁰⁰	\$ —	\$900,000. ⁰⁰
7/7/10	# 80025	2010 Ford 1600 University Ave. W. #309C St. Paul, MN 55104	\$700,000. ⁰⁰	\$ —	\$700,000. ⁰⁰
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-itemized receipts			\$ —	\$ —	\$ —
TOTALS			\$1,613,750.⁰⁰	\$ —	\$1,613,750.⁰⁰
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pg. 3, line 2, col. 4

It is unlawful to use this information for commercial purposes.

Schedule A1 - UA - Other Contributions from Unregistered Associations

Make photocopies of this page if additional space is needed

Page 1 of 1

Date	Name and full address of contributor	1. Cash	2. In-kind (list item & fair market value)	3. Total Cash & in-kind	4. Disclosure Statement Required
6/11/10	Alliance for a Better Minnesota 1600 University Ave. W. #309 B St. Paul, MN 55104	\$60,000. ⁰⁰	\$ —	\$60,000. ⁰⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
January 2010	Alliance for a Better Minnesota	\$ —	\$1,998.43 Staff time & overhead	\$1,998.43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
February 2010	Alliance for a Better Minnesota	\$ —	\$2,007.68 Staff time & overhead	\$2,007.68	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
March 2010	Alliance for a Better Minnesota	\$ —	\$2,052.10 Staff time & overhead	\$2,052.10	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
April 2010	Alliance for a Better Minnesota	\$ —	\$4,239.06 Staff time & overhead	\$4,239.06	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
May 2010	Alliance for a Better Minnesota	\$ —	\$4,774.58 Staff time & overhead	\$4,774.58	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
June 2010	Alliance for a Better Minnesota	\$ —	\$4,565.24 Staff time & overhead	\$4,565.24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
July 1 st - 19 th 2010	Alliance for a Better Minnesota	\$ —	\$2,891.32 Staff time & overhead	\$2,891.32	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total of non-Itemized contributions		\$ —	\$ —	\$ —	
TOTALS		\$60,000. ⁰⁰	\$22,528.41	\$82,528.41	
		To pg. 3, line 4, col. 1	To pg. 3, line 4, col. 3	To pg. 3, line 4, col. 4	

It is unlawful to use this information for commercial purposes.

Schedule A2 - LP - Receipts from Loans Payable (Owed by Committee or fund)

Make photocopies of this page if additional space is needed.

Page ____ of ____

Date	Name and full address Name of employer if individual (if self-employed, list "self" & disclose the occupation)	Total receipts from miscellaneous income
		\$
		\$
		\$
		\$
Total of non-itemized receipts		\$
TOTALS		\$
		To pg. 3, line 5, col. 1 & 4

Schedule A2 - MISC - Receipts from Miscellaneous Income

Date	Name and full address	Description or purpose of miscellaneous income	Total receipts from miscellaneous income
			\$
			\$
			\$
			\$
Total of non-itemized receipts			\$
TOTALS			\$
			To pg. 3, line 6, col. 1 & 4

It is unlawful to use this information for commercial purposes.

Schedule B1 - EXP - Expenditures

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee, including third party payees	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total Cash & Unpaid & In-kind
5/12/10	Alliance Socia Better MN 1600 University Ave. W. 309B St. Paul, MN 55104	conference	\$571.60	\$ -	\$ -	\$571.60
4/13/10	Bremer Bank 427 Snelling Ave. N. St. Paul, MN 55104	Fee	\$33.00	\$ -	\$ -	\$33.00
4/14/10	Bremer Bank	Fee	\$33.00	\$ -	\$ -	\$33.00
7/7/10	Bremer Bank	Fee	\$13.00	\$ -	\$ -	\$13.00
7/7/10	Bremer Bank	Fee	\$13.00	\$ -	\$ -	\$13.00
7/7/10	Bremer Bank	Fee	\$22.00	\$ -	\$ -	\$22.00
7/13/10	Bremer Bank	Fee	\$22.00	\$ -	\$ -	\$22.00
Total of non-itemized expenditures/disbursements			\$ -	\$ -	\$ -	\$ -
TOTALS			\$ -	\$ -	\$ -	\$ -
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 8, col. 3	To pg. 3, line 8, col. 4

Schedule B1 - EXP - Expenditures

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee, including third party payees	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total Cash & Unpaid & In-kind
7/14/10	Bremer Bank	Fee	\$ 22.00	\$ -	\$ -	\$ 22.00
1/5/10	Cyber Source 1295 Charleston Road Mountain View, CA 94043	Credit Card Services	\$ 44.95	\$ -	\$ -	\$ 44.95
1/31/10	Cyber Source	Credit Card Services	\$ 44.95	\$ -	\$ -	\$ 44.95
2/28/10	Cyber Source	Credit Card Services	\$ 44.95	\$ -	\$ -	\$ 44.95
4/2/10	Cyber Source	Credit Card Services	\$ 44.95	\$ -	\$ -	\$ 44.95
4/13/10	Cyber Source	Credit Card Services	\$ 44.95	\$ -	\$ -	\$ 44.95
5/31/10	Cyber Source	Credit Card Services	\$ 44.95	\$ -	\$ -	\$ 44.95
Total of non-itemized expenditures/disbursements			\$ -	\$ -	\$ -	\$ -
TOTALS			\$ -	\$ -	\$ -	\$ -
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 8, col. 3	To pg. 3, line 8, col. 4

Schedule B1 - EXP - Expenditures

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee, including third party payees	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total Cash & Unpaid & In-kind
7/2/10	CyberSource	Credit Card Services	\$ 44.95	\$ -	\$ -	\$ 44.95
5/13/10	Geobink Design Inc. 5301 3rd Ave. S. mpls. MN 55419	Website Design	\$ 2,560.85	\$ -	\$ -	\$ 2,560.85
4/21/10	Go Daddy 1445 S. N. Hayden Rd #219 Scottsdale, AZ 85260	URLS	\$ 121.26	\$ -	\$ -	\$ 121.26
5/3/10	Go Daddy	URLS	\$ 279.97	\$ -	\$ -	\$ 279.97
5/10/10	Go Daddy	URLS	\$ 81.21	\$ -	\$ -	\$ 81.21
5/12/10	Go Daddy	URLS	\$ 112.47	\$ -	\$ -	\$ 112.47
7/9/10	Grove Insight 168 E Tenth Ave. Portland, OR 97214	Rolling	\$ 30,000. ⁰⁰	\$ -	\$ -	\$ 30,000. ⁰⁰
Total of non-itemized expenditures/disbursements			\$ -	\$ -	\$ -	\$ -
TOTALS			\$ -	\$ -	\$ -	\$ -
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 8, col. 3	To pg. 3, line 8, col. 4

Schedule B1 - EXP - Expenditures

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee, including third party payees	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total Cash & Unpaid & In-kind
5/3/10	P.A. Riemerschneider consulting 804 Sherwood Ave. St. Paul, MN 55106	Website Design	\$ 1,500. ⁰⁰	\$ -	\$ -	\$ 1,500. ⁰⁰
6/11/10	Project Lakes & Plains 1348 Hewitt Ave. St. Paul, MN 55104	Polling & Research	\$ 60,000. ⁰⁰	\$ -	\$ -	\$ 60,000. ⁰⁰
4/29/10	Randy Gooch I.O. Illustration 16143 Brookhaven Dr. Woodbury, MN 55129	Illustrations	\$ 750. ⁰⁰	\$ -	\$ -	\$ 750. ⁰⁰
5/28/10	Randy Gooch	Illustrations	\$ 210. ⁰⁰	\$ -	\$ -	\$ 210. ⁰⁰
5/14/10	Revolution Messaging LLC 2020 Taylor Street R.E. Washington, DC 20018	Texting Application	\$ 5,500. ⁰⁰	\$ -	\$ -	\$ 5,500. ⁰⁰
4/9/10	Suntrust P.O. Box 6600 Hagerstown, MD 21741	Credit Card Services	\$ 46.42	\$ -	\$ -	\$ 46.42
5/11/10	Suntrust	Credit Card Services	\$ 64.95	\$ -	\$ -	\$ 64.95
Total of non-itemized expenditures/disbursements			\$ -	\$ -	\$ -	\$ -
TOTALS			\$ -	\$ -	\$ -	\$ -
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 8, col. 3	To pg. 3, line 8, col. 4

Schedule B1 - EXP - Expenditures

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee, including third party payees	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total Cash & Unpaid & In-kind
6/11/10	SunTrust	Credit Card Services	\$ 35.00	\$ -	\$ -	\$ 35.00
7/13/10	SunTrust	Credit Card Services	\$ 35.00	\$ -	\$ -	\$ 35.00
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total of non-itemized expenditures/disbursements			\$ 268.10	\$ -	\$ -	\$ 268.10
TOTALS			\$ 102,609.48	\$ -	\$ -	\$ 102,609.48
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 8, col. 3	To pg. 3, line 8, col. 4

Schedule B2 – IND PAC - Contributions to Independent Expenditure Committees and Political Funds

Make photo copies of this page if additional space is needed.

Page ____ of ____

Entries must be in alphabetical order

Date	Committee registration number	Name and full address of committee	1 Cash	2 In-kind contribution (list item & fair market value)	3 Total Cash & in-kind
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-Itemized contributions/disbursements			\$	\$	\$
TOTALS			\$	\$	\$
			To pg 3, line 9, col. 1	To pg 3, line 9, col 3	To pg 3, line 9, col 4

It is unlawful to use this information for commercial purposes.

Schedule B3 - IND - Independent Expenditures

Make photocopies of this page if additional space is needed.

FOR STATE LEGISLATIVE, CONSTITUTIONAL AND JUDICIAL OFFICE CANDIDATES ONLY LIST INDEPENDENT EXPENDITURES FOR LOCAL CANDIDATES ON SCHEDULE B1 - EXPENDITURES

Name of candidate affected and office sought (List last name, first name)	Candidate Registration Number	Date of Expenditure	Check One Candidate Expenditure is For	Vendor (Name and Address of Vendor Paid)	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 Total
Emmes, Tom Governor	# 16914	5-18-10 to 7-14-10	X	Facebook Ads 156 University Ave. Palo Alto, CA 94301	Advertising	\$ 51,843.77	—	\$ 51,843.77
Emmes, Tom Governor	# 16914	5-3-10 to 7-19-10	X	Google Ads 1600 Amphitheatre Pkwy Mountain View CA 94043	Advertising	\$ 10,711.33	—	\$ 10,711.33
Emmes, Tom Governor	# 16914	5-3-10 to 6-30-10	X	Financa Commerce Media Group 730 2nd Ave. S. Mpls., MN 55402	Advertising	\$ 600.00	—	\$ 600.00
Emmes, Tom Governor	# 16914	7-7-10 to 7-19-10	X	The New Media Firm 1730 Rhode Island #410 Washington, DC 20036	Advertising	\$ 620,525.30	—	\$ 620,525.30
Emmes, Tom Governor	# 16914	7-13-10	X	Kare 11 8811 Olson Memorial Mpls, MN 55427	Advertising	\$ 700.00	—	\$ 700.00
Emmes, Tom Governor	# 16914	7-13-10	X	WCCO TV 905 11th St. Mpls, MN 55403	Advertising	\$ 1,000.00	—	\$ 1,000.00
Total of non-itemized expenditures/disbursements						\$ —	\$ —	\$ —
TOTALS						\$ —	\$ —	\$ —
						Top 3, line 10, col.1	Top 3, line 10 col. 2	Top 3, line 10, col. 4

It is unlawful to use this information for commercial purposes.

Schedule B3 - IND - Independent Expenditures

Make photocopies of this page if additional space is needed.

**FOR STATE LEGISLATIVE, CONSTITUTIONAL AND JUDICIAL OFFICE CANDIDATES ONLY
LIST INDEPENDENT EXPENDITURES FOR LOCAL CANDIDATES ON SCHEDULE B1 - EXPENDITURES**

Name of candidate affected and office sought (List last name, first name)	Candidate Registration Number	Date of Expenditure	Check One Candidate Expenditure is		Vendor (Name and Address of Vendor Paid)	Specific purpose of expenditure	1 Cash	2 Unpaid bills	3 Total
			For	Against					
Emmer, Tom Governor	# 16914	7-14-10		X	Union House 26796 Felton Ave Wyoming, MN 55092	Stickers	\$160.68	\$ -	\$160.68
	#						\$	\$	\$
	#						\$	\$	\$
	#						\$	\$	\$
	#						\$	\$	\$
	#						\$	\$	\$
Total of non-itemized expenditures/disbursements							\$78.00	\$ -	\$78.00
TOTALS							\$655,619.25	\$ -	\$655,619.25
							Top 3, line 10, col. 1	Top 3, line 10, col. 2	Top 3, line 10, col. 4

It is unlawful to use this information for commercial purposes.

Schedule C - Loans Payable and Receivable

Make photocopies of this page if additional space is needed.
 _____ of _____

Page _____

Date of original loan	Name, full address, employer, and occupation for each lender, endorser, or borrower (if self-employed, list "self" and the occupation)	1 Payables Amount owed by committee at the end of period	2 Receivables Amount receivable (owed to committee) at the end of period
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTALS		\$	\$

Schedule D - Unpaid Obligations from Prior Years

Month, day, year obligation was incurred	Name and full address of each creditor and purpose of credit extension	1 Goods and services for other entities	2 All other disbursements
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTALS		\$	\$

It is unlawful to use this information for commercial purposes.

Minnesota

**Campaign Finance and
Public Disclosure Board**

Suite 190 . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . www.cfboard.state.mn.us



**Disclosure Statement for Corporations and other Unregistered Associations
Contributing to Independent Expenditure Committees and Funds**

Filing Instructions

- This statement must be provided to independent expenditure committees and funds prior to the date on which the recipient committee or fund initially reports the contribution to the Board.

Donor Information

Unregistered association name <i>Alliance for a Better Minnesota</i>	Name of officer responsible for this statement <i>Denise Cardinal</i>
Address <i>1600 University Ave. W. #309B</i>	Email address of officer <i>denise@allianceminnesota.org</i>
City, state, zip <i>St. Paul, MN 55104</i>	Daytime phone number of officer <i>651-647-2643</i>

Information on Contribution to Independent Expenditure Committee or Fund

Recipient Independent Expenditure Committee or Fund Name <i>Alliance for a Better Minnesota Action Fund</i>	Date of Contribution <i>1/1/10 - 7/19/10</i>
Address <i>1600 University Ave. W. #309B</i>	Amount of Contribution <i>\$82,528.41</i>
City, state, zip <i>St. Paul, MN 55104</i>	For an in-kind contribution provide a brief description of the item or service given. <i>Staff time, Overhead & cash</i>

Statement Options

Check one of the boxes below. If both the first and second check boxes apply to your contribution check only the first box.

- Only business revenue was used to fund the contribution. Check this box if only business revenue was used for the contribution. Only this page of the statement is provided to the recipient if the contribution was derived from business revenue.
- The donor has not contributed \$5,000 or more to independent expenditure committees or funds this calendar year. Check this box if the donor has contributed less than \$5,000 in aggregate to all independent expenditure committees and funds in Minnesota in 2010. Only the disclosure information on this page of the statement is provided to the recipient if aggregate contributions are less than \$5,000.
- The donor used membership fees, membership dues, or contributions received from individuals or other corporations and associations to fund the contribution. Check this box if aggregate contributions to independent expenditure committees and funds in Minnesota equal \$5,000 or more, and business revenue was not used as the source of funding for the contribution. Schedule A1 of this statement must be completed and provided to the recipient committee.

CERTIFICATION

I, *Denise Cardinal* certify that this report is complete, true, and correct.
(print or type name)

Signature of Officer

Date

7/20/10

Any person who signs and certifies to be true a statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

This document is available in alternative formats to individuals with disabilities by calling (651)296-5148; (800)657-3889; or through the Minnesota Relay Service at (800)627-3529.

CAMPAIGN FINANCE AND PUBLIC DISCLOSURE BOARD
JUL 20 2010 4:07 PM

CONDITIONS WHEN ADDITIONAL DISCLOSURE IS REQUIRED

A corporation or other unregistered association that uses membership fees, membership dues, and donations from individuals and other corporations or associations to fund contributions to independent expenditure committees and funds will need to complete all of the disclosure schedules in this statement when the aggregate total of all contributions to independent expenditure committees and funds registered in Minnesota equals or exceeds \$5,000.

If the aggregate total or all contributions to independent expenditure committees and funds registered in Minnesota is less than \$5,000, or the contribution which is the subject of this disclosure form was derived solely from the operation of a business, you should complete and provide only the first page of this statement to the independent expenditure committee or fund that received the contribution.

TIMELINES FOR PROVIDING DISCLOSURE TO RECEIPT COMMITTEE

The disclosure must be provided to the recipient committee or fund no later than the due date on which the independent expenditure committee or fund must file the next Report of Receipts and Expenditures with the Board. Usually that allows ample time for a donor to provide a disclosure statement to the recipient committee. However, there are two reporting periods during which all political committees and funds must report contributions of \$1,000 or more to the Board within 24 hours. As a practical matter a large contribution made during these two "24 hour" reporting periods should be accompanied by this disclosure statement so that the information may be forwarded to the Board in a timely manner. The following is a listing of report due dates for committees and funds in 2010.

Deadlines for providing disclosure statements to recipient independent expenditure committees and funds:

Date Contribution is Received by Independent Expenditure Committee or Fund	Date by Which Independent Expenditure Committee or Fund Must Report Contribution to the Board	Date by Which Corporation or Other Unregistered Association Should Provide Disclosure Statement to Independent Expenditure Committee or Fund
January 1, through July 6, 2010	July 13, 2010	July 12, 2010
July 7, through July 19, 2010	July 26, 2010	July 25, 2010
July 20, through August 9, 2010, contributions of \$1,000 or more must be reported to the Board within 24 hours along with a copy of this statement.	Within 24 hrs of receipt of contribution.	Statement should accompany contribution.
July 20, through August 9, 2010, contributions of less than \$1,000	September 21, 2010	September 20, 2010
August 10, through September 14, 2010	September 21, 2010	September 20, 2010
September 15, 2010 through October 18, 2010	October 25, 2010	October 24, 2010
October 19, through November 1, 2010, contributions of \$1,000 or more must be reported to the Board within 24 hours along with a copy of this statement.	Within 24 hrs of receipt of contribution.	Statement should accompany contribution.
October 19, through November 1, 2010, contributions of less than \$1,000	January 31, 2011	January 30, 2011
November 2, through December 31, 2010	January 31, 2011	January 30, 2011

PENALTY FOR FAILURE TO PROVIDE STATEMENT IN A TIMELY MANNER

The penalty for failure to provide this (or equivalent) disclosure statement to a recipient committee or fund in a timely manner is up to four times the amount of the contribution, not to exceed \$25,000

Schedule A1 - Source of Funding for Contribution

Make photocopies of this page if additional space is needed

Instructions of Back

Name and full address of itemized sources of funding.	Amount
Win Minnesota 1600 University Ave. W. #309C St. Paul, MN 55104	\$ 82,528.41
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Line A - Total of itemized sources of funding.	\$ 82,528.41
Line B - Amount of the contribution that is attributable to underlying sources that are not required to be itemized.	\$ —
Line C - Amount of contribution derived from business revenue.	\$ —
Line A + Line B + Line C = TOTAL AMOUNT OF CONTRIBUTION	\$ 82,528.41

It is unlawful to use this information for commercial purposes.

INSTRUCTIONS FOR SCHEDULE A1 – Source of Funding for Contribution

Use this schedule to report any underlying source of funding that provided \$1,000 or more of the contribution to the independent expenditure political committee or fund. No information on the underlying source of funding for the contribution to the independent expenditure committee or fund is required if the source of funding is revenue from the operation of a business, or if the total of all contributions made by your entity in Minnesota to independent expenditure committees and funds is less than \$5,000 this calendar year.

How to determine if an underlying source of funding for this contribution must be itemized on this statement. There are two methods which may be used to determine if a source of funding must be itemized on this report.

First, the association may pro-rate the contribution over all of its donors. Depending on the number of donors, size of the underlying donations, and the amount of the contribution to the independent expenditure political committee or fund, this method may result in no itemized underlying donors. **Any donor whose pro-rated portion of the contribution is \$1,000 or more must be itemized.**

Second, the association may identify specific sources to which it will attribute the contribution to the independent expenditure political committee or fund. A contribution may be attributed to specific donors if the donor has specifically authorized the association to use that donor's dues or donations for independent expenditure purposes or, absent specific authorization, the association designates specific donors' dues or donations as the source of the contribution to the independent expenditure political committee or fund. **Any donor to whom \$1,000 or more of the contribution is attributed must be itemized.**

An amount attributed to a contribution to an independent expenditure political committee or fund may not be attributed to any other contribution to an independent expenditure committee or fund.

For itemized sources of funding you must disclose the:

- name of individual or association that provided \$1,000 or more of the contribution made to the independent expenditure committee or fund.
- individual or association's full address (street, city, state, and zip code), and
- the amount of the individual's or association's dues, fees, or direct donations attributed to this contribution.

The total of itemized underlying attributable contribution is listed in **Line A**.

At the bottom of the schedule in **Line B** indicate the amount of the contribution that is attributable to underlying sources that are not required to be itemized under the above provisions. (For example, if a \$10,000 contribution to an independent expenditure committee is funded in part by a single \$6,000 contribution that is itemized on schedule A-1, and several other contributions from individuals that do not meet the \$1,000 threshold for itemization, the remaining amount of underlying non-itemized attributable contributions is \$4,000.)

If the contribution to the independent expenditure committee was derived from both attributable underlying sources and business revenue the amount of business revenue used for the contributions is listed in **Line C**.

The total of Lines A, B, and C should equal the amount of the contribution to the independent expenditure committee or fund, as listed on the first page of this statement.