

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAILCENTER

2023 JAN 10 PM 12:45
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NATIONAL Association of Letter Carriers
of the United States PAL 9

ADDRESS (number and street) 1238 Westform LN

Check if different than previously reported. (ACC) Buffalo MN 55313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C0011431F

3. IS THIS REPORT NEW OR AMENDED
X (N) (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- X January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

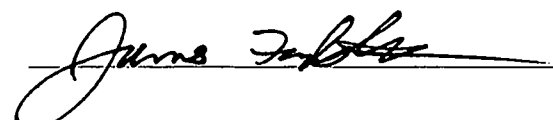
General (30G)	Runoff (30R)	Special (30S)
---------------	--------------	---------------

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 01 2022 through 12 31 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James Fodstad

Signature of Treasurer  Date 01 03 2023

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

NONPROFIT ORGANIZATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NALC PAL 9

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} **01 / 01 / 2022** To: ^{M M / D D / Y Y Y Y} **12 / 31 / 2022**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2022		11,827.25
(b) Cash on Hand at Beginning of Reporting Period.....	11,280.03	
(c) Total Receipts (from Line 19).....	500.00	10,010.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11,780.03	21,837.47
7. Total Disbursements (from Line 31).....	2,500.00	12,607.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,280.03	9,230.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

NONDISCRIMINATION NOTICE

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NALC PAL9

Report Covering the Period: From: **01 / 01 / 2022** To: **12 / 31 / 2022**

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0000
0000

901022
901022

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

50000

100000

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

50000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

50000

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		1,074.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		1,074.44
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	000.00	1,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)	2,500.00	11,000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2,500.00	12,607.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2,500.00	12,607.44

UNENCL00010011000000

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	00000	9,010.22
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00000	9,010.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		+ 07.44
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0,000.00	8,802.18

NONDISCLOSURE INFORMATION

**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)	PAGE 1 OF 7
	<input 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 checked="" 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)
NALC PAL 9

A. Full Name (Last, First, Middle Initial) Tim Walz		Date of Disbursement MM / DD / YYYY 01 / 12 / 2022
Mailing Address PO Box 4337		FEC Identification Number C
City St Paul	State Mn	
Zip Code 55104		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Memo Item <input type="checkbox"/>
Candidate Name Tim Walz		
Office Sought: Gov	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: Mn	District:	

B. Full Name (Last, First, Middle Initial) Minnesota DFL CAUCUS		Date of Disbursement MM / DD / YYYY 01 / 21 / 2022
Mailing Address 255 Plate Blvd		FEC Identification Number C
City St Paul	State Mn	
Zip Code 55107		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. Full Name (Last, First, Middle Initial) Matt Little		Date of Disbursement MM / DD / YYYY 02 / 07 / 2022
Mailing Address PO Box 650		FEC Identification Number C
City Lakeville	State Mn	
Zip Code 55044		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Memo Item <input type="checkbox"/>
Candidate Name Matt Little		
Office Sought: Dakota County Attorney	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: Mn	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT ORGANIZATION

**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)	PAGE 2 OF 7
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input checked="" 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)
NALC Pal 9

A. Full Name (Last, First, Middle Initial) **2nd Congressional District DFL**

Date of Disbursement: **02/07/2023**

Mailing Address: **11995 350th St WNY**

City: **Cannon Falls** State: **Mn** Zip Code: **55009**

Purpose of Disbursement: **Contribution** Category/Type: **C**

Candidate Name: **2nd District**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **5,000.00**

State: **Mn** District: **2** Memo Item

B. Full Name (Last, First, Middle Initial) **Minnesota DFL**

Date of Disbursement: **05/09/2023**

Mailing Address: **255 Plato Blvd**

City: **St. Paul** State: **Mn** Zip Code: **55107**

Purpose of Disbursement: **Humphrey/Mendale Dinner** Category/Type: **C**

Candidate Name: **Humphrey/Mendale Dinner**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **1,250.00**

State: **Mn** District: **1** Memo Item

C. Full Name (Last, First, Middle Initial) **Murphy Erin**

Date of Disbursement: **06/06/2022**

Mailing Address: **PO Box 4656**

City: **St Paul** State: **Mn** Zip Code: **55104**

Purpose of Disbursement: **Contribution** Category/Type: **C**

Candidate Name: **Erin Murphy**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **5,000.00**

State: **Mn** District: **64** Memo Item

SUBTOTAL of Disbursements This Page (optional) **2,250.00**

TOTAL This Period (last page this line number only) **2,250.00**

2025 RELEASE UNDER E.O. 14176

**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)

PAGE 8 OF

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NHLC PAL 9

Full Name (Last, First, Middle Initial)

Newton Gerald F

Date of Disbursement

06 / 07 / 2022

Mailing Address

12095 Dogwood St NW

FEC Identification Number

C

City

Coon Rapids

State

Mn

Zip Code

55448

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement

Contribution

Candidate Name

Jerry Newton

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **Mn**

District: **37**

Memo Item

Full Name (Last, First, Middle Initial)

Waltz Timothy

Date of Disbursement

06 / 13 / 2022

Mailing Address

PO Box 4337

FEC Identification Number

C

City

St Paul

State

Mn

Zip Code

55104

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **Mn**

District:

Memo Item

Full Name (Last, First, Middle Initial)

Stephenson Zack

Date of Disbursement

06 / 24 / 2022

Mailing Address

PO Box 222

FEC Identification Number

C

City

Champlin

State

Mn

Zip Code

55316

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Contribution

Candidate Name

Zack Stephenson

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **Mn**

District: **36A**

Memo Item

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

1,250.00

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)

PAGE **4** OF **7**

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NALC PAL9

Full Name (Last, First, Middle Initial)

A. Brand Jeff

Mailing Address **PO Box 473**

City **St Peter** State **Mn** Zip Code **56082**

Purpose of Disbursement **Contribution**

Candidate Name **Jeff Brand**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **Mn** District: **18A**

Date of Disbursement

06 / 24 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2,500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ellinson Keith

Mailing Address **PO Box 17224**

City **Minneapolis** State **Mn** Zip Code **55417**

Purpose of Disbursement **Contribution**

Candidate Name **Keith Ellinson**

Office Sought: House Senate President
Attorney General
Disbursement For: Primary General Other (specify)

State: **Mn** District:

Date of Disbursement

07 / 27 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5,000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blaha Julie

Mailing Address **PO Box 17083**

City **Minneapolis** State **Mn** Zip Code **55417**

Purpose of Disbursement **Contribution**

Candidate Name **Julie Blaha**

Office Sought: House Senate President
state Auditor
Disbursement For: Primary General Other (specify)

State: **MN** District:

Date of Disbursement

07 / 27 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2,500.00

Memo Item

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

1,000.00

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

1,000.00

NON-FEDERAL CAMPAIGN

**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)	PAGE 5 OF 7
	<input 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 checked="" type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full) **NALC PAL 9**

A. Full Name (Last, First, Middle Initial) **Minnesota DFL**

Date of Disbursement: **08/07/2022**

Mailing Address: **255 Plato Blvd**

City: **St Paul** State: **MN** Zip Code: **55107**

Purpose of Disbursement: **Women Leadership** Category/Type: **C**

Amount of Each Disbursement this Period: **500.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Memo Item:

B. Full Name (Last, First, Middle Initial) **Simon Steve**

Date of Disbursement: **08/15/2022**

Mailing Address: **PO Box 4217**

City: **Hopkins** State: **MN** Zip Code: **55343**

Purpose of Disbursement: **Contribution** Category/Type: **C**

Amount of Each Disbursement this Period: **500.00**

Candidate Name: **Steve Simon**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: **MN** District: _____

Memo Item:

C. Full Name (Last, First, Middle Initial) **DFL 6th Congressional Committee**

Date of Disbursement: **08/21/2022**

Mailing Address: **15931 Xenon St NW**

City: **Ramsey** State: **MN** Zip Code: **55343**

Purpose of Disbursement: **Contribution** Category/Type: **C**

Amount of Each Disbursement this Period: **500.00**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Memo Item:

SUBTOTAL of Disbursements This Page (optional): **1,500.00**

TOTAL This Period (last page this line number only): _____

RECEIVED

**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)						PAGE 6 OF 7
	<input type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input checked="" type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b		

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NAME OF COMMITTEE (In Full)
NALC PAL 1

A.

Full Name (Last, First, Middle Initial) **Dimick Martha Holton**

Date of Disbursement **09/20/2022**

Mailing Address **PO Box 3760**

City **Minneapolis** State **Mn** Zip Code **55403**

Purpose of Disbursement **Contribution**

FEC Identification Number **C**

Candidate Name **Martha Holton Dimick** Category/Type

Amount of Each Disbursement this Period **5.00.00**

Office Sought: House Senate President
Hennepin County Attorney Mn

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District:

Memo Item

B.

Full Name (Last, First, Middle Initial) **Putman Aric**

Date of Disbursement **10/01/2022**

Mailing Address **PO Box 5012**

City **St. Cloud** State **Mn** Zip Code **56302**

Purpose of Disbursement **Contribution**

FEC Identification Number **C**

Candidate Name **Aric Putman** Category/Type

Amount of Each Disbursement this Period **5.00.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: **14**

Memo Item

C.

Full Name (Last, First, Middle Initial) **ELLinson Keith**

Date of Disbursement **10/01/2022**

Mailing Address **PO Box 17224**

City **Minneapolis** State **Mn** Zip Code **55417**

Purpose of Disbursement **Contribution**

FEC Identification Number **C**

Candidate Name **Keith Ellinson** Category/Type

Amount of Each Disbursement this Period **5.00.00**

Office Sought: House Senate President
Attorney General Mn

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: **AV**

Memo Item

SUBTOTAL of Disbursements This Page (optional) **15.00.00**

TOTAL This Period (last page this line number only)

NONDISBURSEMENT

**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)

PAGE **7** OF **1**

<input 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)

NALC PAL 9

Full Name (Last, First, Middle Initial)

A. Minnesota DFL Senate Caucus			Date of Disbursement 10 04 2022	
Mailing Address PO Box 76307			FEC Identification Number C	
City St Paul	State Mn	Zip Code 55107	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement			Memo Item	
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

B. Minnesota DFL House Caucus			Date of Disbursement 10 04 2022	
Mailing Address 255 Plato Blvd			FEC Identification Number C	
City St Paul	State Mn	Zip Code 55107	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement			Memo Item	
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

C.			Date of Disbursement	
Mailing Address			FEC Identification Number	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item	
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶ **1,000.00**

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

NON-FUNCTIONAL

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

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NAME OF COMMITTEE (In Full)
NALC PAL 9

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

Mailing Address
PO Box 222

City
Champlin

State
MN

Zip Code
55316

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
07 30 2022

Amount of Each Receipt this Period
500.00

Memo Item
Returned check

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DFL 6th Congressional Committee

Mailing Address
15931 Xenon St NW

City
Ramsey

State
MN

Zip Code
55343

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
12 24 2022

Amount of Each Receipt this Period
500.00

Memo Item
check never cashed

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

Mailing Address

City

State

Zip Code

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

Amount of Each Receipt this Period

Memo Item

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

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

NON-PROFIT ORGANIZATION

**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)

PAGE 1 OF

<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b
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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)

NALC PAL 9

Full Name (Last, First, Middle Initial)

A. Wells Fargo			Date of Disbursement
Mailing Address 8041 Brooklyn Blvd			02 22 2022
City Brooklyn Park	State MN	Zip Code 55445	FEC Identification Number
Purpose of Disbursement Stop payment on check \$25			C
Candidate Name Bank fee \$12			Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			37.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>			Memo Item
State:	District:		

B. Wells Fargo			Date of Disbursement
Mailing Address 8041 Brooklyn Blvd			05 24 2022
City Brooklyn Park	State MN	Zip Code 55445	FEC Identification Number
Purpose of Disbursement order blank checks			C
Candidate Name			Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			70.44
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>			Memo Item
State:	District:		

C.			Date of Disbursement
Mailing Address			
City	State	Zip Code	FEC Identification Number
Purpose of Disbursement			C
Candidate Name			Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>			
State:	District:		

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

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)

PAGE 1 OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

NALC PAL 9

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Schultz Jennifer

04 / 10 / 2022

Mailing Address

PO Box 3218

City

Duluth

State

Mn

Zip Code

55803

FEC Identification Number

C00810416

Purpose of Disbursement

Contribution

Amount of Each Disbursement this Period

500.00

Candidate Name

Jennifer Schultz

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

District: **8**

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Ettinger Jeffrey

06 / 06 / 2022

Mailing Address

PO Box 741

City

Austin

State

Mn

Zip Code

55912

FEC Identification Number

C00808329

Purpose of Disbursement

Contribution

Amount of Each Disbursement this Period

500.00

Candidate Name

Jeffrey Ettinger

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **mn**

District: **1**

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Schultz Jennifer

09 / 09 / 2022

Mailing Address

PO Box 3218

City

Duluth

State

Mn

Zip Code

55803

FEC Identification Number

C00810416

Purpose of Disbursement

Contribution

Amount of Each Disbursement this Period

500.00

Candidate Name

Jennifer Schultz

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

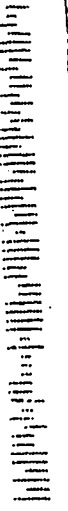
District: **8**

Memo Item

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

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

Action L
stad
astfarm Lane
MN 55313



Federal Election Commission
1050 First Street NE
Washington DC 20463

RDC 24



20463



U.S. POSTAGE PAID
F01 LG ENV
BUFFALO, MN
55313
JAN 03 '23
AMOUNT
\$1.68
R2304M114173-07

RECEIVED
FEC MAIL CENTER
2023 JAN 10 8:25 AM
X-RAYED BY FEC SECURITY

NONPROFIT ORGANIZATION

