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**FEC
FORM 3X**

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

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
PAL 9

ADDRESS (number and street) 1238 West Farm Lane

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

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

C00114311

3. IS THIS REPORT NEW (N) OR AMENDED (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)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 *James Fodstad* Date MM / DD / YYYYYY

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

Office

FEC FORM 3X

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NALC

PAL9

Report Covering the Period: From:

01 / 01 / 2023

To:

12 / 31 / 2023

2025 RELEASE UNDER E.O. 14176

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		8,730.03
(b) Cash on Hand at Beginning of Reporting Period.....	10,515.26	
(c) Total Receipts (from Line 19)	75.00	7,990.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,670.26	16,720.26
7. Total Disbursements (from Line 31)	500.00	6,550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10,170.26	10,170.26
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NALC PAL 9

Report Covering the Period: From:

01 / 01 / 2023

To:

12 / 31 / 2023

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)).....▶

7500
7500

7995.23
7995.23

- (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).....

5.00

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

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)).....▶

7500

7990.23

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

7500

7990.23

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**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	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)	000.00	5,050.00
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))	5,000.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5,000.00	6,550.00

NON-FEDERAL DONATIONS

**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)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

NOON 10:42 AM

**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		

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 PAL9

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

Mailing Address
8041 Brooklyn Blvd

City
Brooklyn Park State
Mn Zip Code
55445

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
05 / 05 / 2023

Amount of Each Receipt this Period
5.00

Memo Item
Banking Error

B. 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

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).....▶

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	OF
	<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 PAL9

A.

Full Name (Last, First, Middle Initial) **Stepenson Zach**

Mailing Address **PO Box 222**

City **Champlin** State **Mn** Zip Code **55316**

Purpose of Disbursement **Contribution**

Candidate Name **Zach Stepenson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: **36A**

Date of Disbursement **01 / 02 / 2023**

FEC Identification Number **C**

Amount of Each Disbursement this Period **500.00**

Memo Item

B.

Full Name (Last, First, Middle Initial) **Walz Timothy**

Mailing Address **PO Box 4337**

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

Purpose of Disbursement **Contribution**

Candidate Name **Timothy Walz**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District:

Date of Disbursement **01 / 02 / 2023**

FEC Identification Number **C**

Amount of Each Disbursement this Period **500.00**

Memo Item

C.

Full Name (Last, First, Middle Initial) **Mn DFL Senate Caucus**

Mailing Address **PO Box 76307**

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

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement **01 / 02 / 2023**

FEC Identification Number **C**

Amount of Each Disbursement this Period **500.00**

Memo Item

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

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

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)

<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

PAGE OF

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NAME OF COMMITTEE (In Full)
NALC PAL9

A.

Full Name (Last, First, Middle Initial) **Mn DFL**

Date of Disbursement **04 / 06 / 2023**

Mailing Address **255 Plate Blvd**

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

Purpose of Disbursement **Humphrey/Mondde Dinner**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: _____

FEC Identification Number **C**

Amount of Each Disbursement this Period **1,500.00**

Memo Item

B.

Full Name (Last, First, Middle Initial) **Anoka DFL**

Date of Disbursement **05 / 20 / 2023**

Mailing Address **12330 Holly St NW**

City **Coon Rapids** State **Mn** Zip Code **55448**

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: _____

FEC Identification Number **C**

Amount of Each Disbursement this Period **300.00**

Memo Item

C.

Full Name (Last, First, Middle Initial) **Wale Timothy**

Date of Disbursement **06 / 21 / 2023**

Mailing Address **PO Box 4337**

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

Purpose of Disbursement **Contribution**

Candidate Name **Tim Walz**

Office Sought: House Senate President **Gov.**

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: _____

FEC Identification Number **C**

Amount of Each Disbursement this Period **500.00**

Memo Item

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

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

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)
 21b 22 23 26 27
 28a 28b 28c 29 30b

PAGE OF

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NAME OF COMMITTEE (In Full)
NALC PAL9

A.

Full Name (Last, First, Middle Initial)
MN DFL

Date of Disbursement
09 / 11 / 2023

Mailing Address
255 E Plato Blvd

City
St Paul State
Mn Zip Code
55107

Purpose of Disbursement
Founders Day Dinner

Candidate Name

Category/Type

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

FEC Identification Number
C

Amount of Each Disbursement this Period
1,250.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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 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)

Craig Angie

Mailing Address

PO Box 22116

City

Eagan

State

Mn

Zip Code

55112

Purpose of Disbursement

Contribution

Candidate Name

Angie Craig

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

District: **2**

Date of Disbursement

02 / 26 / 2023

FEC Identification Number

C00575209

Amount of Each Disbursement this Period

Memo Item

B.

Full Name (Last, First, Middle Initial)

Schultz Jennifer

Mailing Address

PO Box 3218

City

Duluth

State

Mn

Zip Code

55803

Purpose of Disbursement

Contribution

Candidate Name

Jennifer Schultz

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

District: **08**

Date of Disbursement

09 / 19 / 2023

FEC Identification Number

C00810416

Amount of Each Disbursement this Period

500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Klobuchar Amy

Mailing Address

PO Box 4146

City

St. Paul

State

Mn

Zip Code

55104

Purpose of Disbursement

Contribution

Candidate Name

Amy Klobuchar

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

District:

Date of Disbursement

12 / 08 / 2023

FEC Identification Number

C0069419

Amount of Each Disbursement this Period

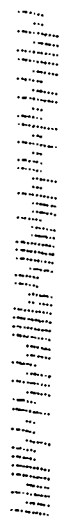
500.00

Memo Item

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

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

2025 RELEASE UNDER E.O. 14176

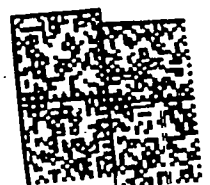


Federal Election Commission

1050 First St NE

Washington DC

20463



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NON-PROFIT ORIGIN: 6034243000

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 1/10/24
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>

<input type="checkbox"/> Received via FAX	Date of Receipt
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<input type="checkbox"/> Received via Email	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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WDU PREPARER	1/10/24 DATE PREPARED
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