

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2021 FEB 25 Office Use Only
APR 7:40

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

12FE4M5

National Association of Letter Carriers
of United States PAL 9

ADDRESS (number and street) 7032 Jersey Ave

Check if different than previously reported. (ACC)
Brooklyn Park MA 01468-1708

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

C 00114314

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]
01 / 01 / 2020 through 12 / 31 / 2020

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 F Fodstad

Signature of Treasurer *James F Fodstad*

Date [MM] / [DD] / [YYYY]
01 / 04 / 2021

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 Use Only							
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**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:

01 / 01 / 2020

To:

12 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		7,842.04
(b) Cash on Hand at Beginning of Reporting Period.....	1,098.04	
(c) Total Receipts (from Line 19)	1,750.00	10,789.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11,083.04	18,625.04
7. Total Disbursements (from Line 31)	2,600.00	10,148.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8,483.04	8,483.04
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

DETAILED SUMMARY PAGE
of Disbursements

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))		88.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	2,000.00
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).....	2,100.00	8,060.00
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))..	2,600.00	10,148.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,600.00	10,148.00

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

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)	175.00	10,289.00
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))		88.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

STEFAN HUBER : WE : ON : NO : HUBER

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 1 OF 9
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 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 PAL 9

A. Full Name (Last, First, Middle Initial)
Hortman Campaign Committee

Mailing Address
8710 Windsor Terrace

City **Brooklyn Park** State **M** Zip Code **55443**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
07 / 30 / 2020

Amount of Each Receipt this Period
500.00

Returned check met PAC contribution

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt _____

Amount of Each Receipt this Period _____

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional).....▶ **500.00**

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

NON-UNION CONTRIBUTION

**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 2		
	<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 PAL9

A. Full Name (Last, First, Middle Initial)
Tina Smith for Minnesota

Mailing Address
PO Box 14362

City
St. Paul State
Mn Zip Code
55114

Purpose of Disbursement
Contribution

Candidate Name
Tina Smith Category/Type

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

State: **Mn** District:

Date of Disbursement
04 / 11 / 2020

FEC Identification Number
C1254590

Amount of Each Disbursement this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Peterson for Congress

Mailing Address
PO Box 265

City
Detroit Lakes State
Mn Zip Code
56502

Purpose of Disbursement
Contribution

Candidate Name
Collin Peterson Category/Type

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

State: **Mn** District: **7th**

Date of Disbursement
04 / 11 / 2020

FEC Identification Number
C00253187

Amount of Each Disbursement this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tawnia for Congress

Mailing Address
PO Box 244

City
Forest Lake State
Mn Zip Code
55028

Purpose of Disbursement
Contribution

Candidate Name
Tawnia Zahradka Category/Type

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

State: **MN** District: **6th**

Date of Disbursement
09 / 17 / 2020

FEC Identification Number
C00721001

Amount of Each Disbursement this Period
500.00

Memo Item

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

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)

<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)

A.

Full Name (Last, First, Middle Initial) Peterson for Congress

Date of Disbursement 10 / 10 / 2020

Mailing Address PO Box 265

City Detroit Lakes State MN Zip Code 56502

Purpose of Disbursement Contribution

FEC Identification Number C00252107

Candidate Name Collin Peterson Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District: 7th

Amount of Each Disbursement this Period 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

FEC Identification Number

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5000.00

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

NON-FEDERAL CAMPAIGN FINANCE

**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 1

<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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NAME OF COMMITTEE (In Full)

NALC PAL 9

Full Name (Last, First, Middle Initial)

A. Ronald Lawrence

Mailing Address

11581 Llex Street NW

City

Coon Rapids

State

MN

Zip Code

55449

Purpose of Disbursement

Reimbursement for tickets

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

03 / 04 / 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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 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 PAL 9

Full Name (Last, First, Middle Initial)

A. Hoffman John

Date of Disbursement

MM/DD/YYYY
01/22/2020

Mailing Address

8224 109th PL N.

FEC Identification Number

C

City

Champlin

State

Mn

Zip Code

55316

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Donation

Category/Type

Candidate Name

John Hoffman

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District: **36**

Memo Item

Full Name (Last, First, Middle Initial)

B. Newton Jerry

Date of Disbursement

MM/DD/YYYY
01/22/2020

Mailing Address

12095 Dogwood St NW

FEC Identification Number

C

City

Coon Rapid

State

Mn

Zip Code

55448

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Donation

Category/Type

Candidate Name

Jerry Newton

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **Mn**

District: **37**

Memo Item

Full Name (Last, First, Middle Initial)

C. Walz / Flanagan Committee

Date of Disbursement

MM/DD/YYYY
01/22/2020

Mailing Address

PO Box 4337

FEC Identification Number

C

City

St Paul

State

Mn

Zip Code

55104-0337

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Fund Raiser

Category/Type

Candidate Name

Tim Walz

Office Sought:

Gov.
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

District:

Memo Item

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

1,500.00

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)

21b
 22
 23
 24
 25
 26
 27
 28a
 28b
 28c
 29
 30b

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NAME OF COMMITTEE (In Full)
NALC PAL9

A.

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

Mailing Address
15931 Xenon St NW

City
Ramsey State
MN Zip Code
55303

Purpose of Disbursement
Fund Raiser

Candidate Name
District 6

Office Sought: House Senate President
State: **MN** District: **6**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2020

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Teamster Joint Council 32

Mailing Address
3001 University SE suite 510

City
Minneapolis State
MN Zip Code
55414

Purpose of Disbursement
Annual teamster Luncheon

Candidate Name

Office Sought: House Senate President
State: **MN** District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2020

FEC Identification Number
C

Amount of Each Disbursement this Period
1100.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Minnesota State DFL

Mailing Address
255 Plato Blvd

City
St Paul State
MN Zip Code
55107

Purpose of Disbursement
Humphrey/Mondale Dinner

Candidate Name

Office Sought: House Senate President
State: **MN** District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 01 / 2020

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **2000.00**

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 <u>2</u> OF <u>6</u>	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 27
			<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) **Hortman Campaign Committee**

Mailing Address **8710 Windsor Terrace**

City **Brooklyn Park** State **Mn** Zip Code **55443**

Purpose of Disbursement **Donation**

Candidate Name **Melissa Hortman**

Of/Ace Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: **368**

Date of Disbursement: **06 / 09 / 2020**

FEC Identification Number: **C**

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

Memo Item

B. Full Name (Last, First, Middle Initial) **Susan Kent for Senate**

Mailing Address **1056 Autumn Bay**

City **Woodbury** State **MN** Zip Code **55125**

Purpose of Disbursement **Donation**

Candidate Name **Susan Kent**

Of/Ace Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **53**

Date of Disbursement: **06 / 22 / 2020**

FEC Identification Number: **C**

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

Memo Item

C. Full Name (Last, First, Middle Initial) **ERIN Murphey for Senate**

Mailing Address **PO Box 4656**

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

Purpose of Disbursement **Donation**

Candidate Name **Erin Murphey**

Of/Ace Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: **64**

Date of Disbursement: **06 / 22 / 2020**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **250.00**

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 PAL 9

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 23 / 2020

A. Alan Roy for Senate

Mailing Address

PO Box 4

City

Calloway

State

Mn

Zip Code

56521

Purpose of Disbursement

Contribution

Candidate Name

Alan Roy

Category/Type

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: Mn

District: 2

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

08 / 27 / 2020

B. Minnesota DFL

Mailing Address

255 Plato Blvd

City

St Paul

State

Mn

Zip Code

55107

Purpose of Disbursement

Women Leadership

Candidate Name

Category/Type

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify)

State: Mn

District:

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 13 / 2020

C. Neighbors for Jamie Long

Mailing Address

5600 Newton Ave S

City

Minneapolis

State

Mn

Zip Code

55419

Purpose of Disbursement

Contribution

Candidate Name

Jamie Long

Category/Type

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: Mn

District: 613

Memo Item

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

950.00

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)

<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 **09 / 24 / 2020**

Mailing Address **255 Plato Blvd**

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

Purpose of Disbursement **Humphrey/Mondale Dinner**

Candidate Name **Humphrey/Mondale Dinner** Category/Type **C**

Office Sought: House Senate President

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

State: **Mn** District:

FEC Identification Number **C**

Amount of Each Disbursement this Period **750.00**

Memo Item

B.

Full Name (Last, First, Middle Initial) **Campaign for Ann Johnson Steward**

Date of Disbursement **09 / 25 / 2020**

Mailing Address **PO Box 46505**

City **Plymouth** State **Mn** Zip Code **55446**

Purpose of Disbursement **Contribution**

Candidate Name **Ann Johnson Steward** Category/Type **C**

Office Sought: House Senate President

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

State: **M** District: **44**

FEC Identification Number **C**

Amount of Each Disbursement this Period **500.00**

Memo Item

C.

Full Name (Last, First, Middle Initial) **Friends of Dan Freehan**

Date of Disbursement **10 / 27 / 2020**

Mailing Address **PO Box 1844**

City **North Mankato** State **Mn** Zip Code **56002**

Purpose of Disbursement **Contribution**

Candidate Name **Dan Freehan** Category/Type **C**

Office Sought: House Senate President

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

State: **Mn** District: **13**

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).....▶

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

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

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NAME OF COMMITTEE (In Full)

NALC PAL 9

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2020

A. Aleta for Senate

Mailing Address
PO Box 7238

City Rochester State MN Zip Code 55903

FEC Identification Number

C

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3,000.00

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

Memo Item

State: MN District: 11

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2020

B. Michelle Lee for Senate

Mailing Address
PO Box 566

City Moose Lake State MN Zip Code 55767

FEC Identification Number

C

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

300.00

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

Memo Item

State: M District: D26

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2020

C. Minnesota DFL Senate Caucus

Mailing Address
PO Box 7307

City St Paul State MN Zip Code 55107

FEC Identification Number

C

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

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

Memo Item

State: MN District:

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

1,100.00

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)

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<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 House Caucus**

Mailing Address **255 E Plato Blvd**

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

Purpose of Disbursement **Contribution** Category/Type

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

State: **Mn** District:

Date of Disbursement **10 / 20 / 2020**

FEC Identification Number **C**

Amount of Each Disbursement this Period **5,000.00**

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

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

State: District:

Date of Disbursement

FEC Identification Number **C**

Amount of Each Disbursement this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

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

State: District:

Date of Disbursement

FEC Identification Number **C**

Amount of Each Disbursement this Period

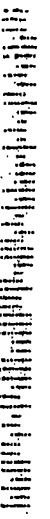
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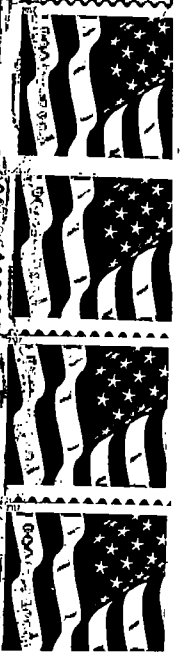
TOTAL This Period (last page this line number only).....

NON-FEDERAL GOVERNMENT

Political
Jim Foc
7032 J
Brooklyn Park MN 55428



Federal Election Commission
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Washington D.C.
20463



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NON-PROFIT ORGANIZATION

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<input type="checkbox"/> No Postmark	
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Next Business Day Delivery <input type="checkbox"/>	
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SPM
 PREPARER 2/26/21
DATE PREPARED

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