

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL MAIL
OPERATIONS CENTER

2002 OCT 15 1:48

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

C00213645
GEORGE KATAI
BRANCH 193 NATIONAL ASSOCIATED
N OF LETTER CARRIERS POLITICAL
1713 MT PLEASANT RD
SAN JOSE CA 95148

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C000213645

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

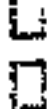
(a) Quarterly Reports:

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)

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



Primary (12P)
Convention (12C)



General (12G)
Special (12S)



Runoff (12R)

Election on

In the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

In the State of

5. Covering Period

07 01 2002

through

09 30 2002

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

GEORGE KATAI

Signature of Treasurer

George Katai

Date

10 07 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name **DR. 198 NATIONAL ASSOCIATION OF LETTER
CARRIERS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: **07 01 2002** To: **09 30 2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		2855993
(b) Cash on Hand at Beginning of Reporting Period	2632736	
(c) Total Receipts (from Line 19)	5100	6843
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2637836	2862836
7. Total Disbursements (from Line 80)	100000	325000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2537836	2537836
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

**BR. 193 NATIONAL ASSOCIATION OF LETTER
CARRIERS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

07 07 2002

To:

09 30 2002

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	51.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	51.00	51.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	51.00	51.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	17.43
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	51.00	68.43
20. Total Federal Receipts (subtract Line 18 from Line 19)	51.00	68.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000.00	25,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441s(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	750.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	10,000.00	32,500.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	10,000.00	32,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	5,100	5,100
33. Total Contribution Refunds (from Line 28(d))	0	0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	5,100	5,100
35. Total Federal Operating Expenditures (add Line 21(a)(f) and Line 21(b))	0	0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0	0

2025 RELEASE UNDER E.O. 14176

COVER PAGE
CALIFORNIA 460
2001/02
FORM

RECEIVED
FEDERAL
OPERATIONS CENTER
Page 1 of 6
For Official Use Only

Date of election if applicable
(Month, Day, Year) OCT 15 P 1:48

Statement covers period
from 7-1-02
through 9-30-02

Recipient Committee
Campaign Statement
Cover Page
(3 government Code Sections 84200-84218.5)

2. Type of Statement:
 Precinct Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4.
 Official, Candidate Controlled Committee
 State Candidate Election Committee
 Recall (Also Complete Part 6)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Treasurer(s)
NAME OF TREASURER
GEOFFRE KATAL
MAILING ADDRESS
1715 MT. PLEASANT RD.
CITY STATE ZIP CODE AREA CODE/PHONE
SAN JOSE CA 95148 408-926-2369

3. Committee Information
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
88.100 NATIONAL ASSOCIATION OF LETTER
CARRIERS POLITICAL ACTION COMMITTEE
STREET ADDRESS (NO P.O. BOX)
1715 MT. PLEASANT RD.
CITY STATE ZIP CODE AREA CODE/PHONE
SAN JOSE CA 95148 408-926-2369
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on 10-7-02 Date
Executed on 10-1-02 Date
Executed on Date
Executed on Date
By George Katal
By
By
By
Signature of Contributing Organization, Candidate, State Measure Proponent
Signature of Contributing Organization, Candidate, State Measure Proponent
Signature of Contributing Organization, Candidate, State Measure Proponent
Signature of Contributing Organization, Candidate, State Measure Proponent
FPPC Form 400 (January)
FPPC Toll-Free Helpline: 866-ASK-FPPC
State of California

2025 RELEASE UNDER E.O. 14176

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME _____	I.D. NUMBER _____
NAME OF TREASURER _____	CONTROLLED COMMITTEE <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS _____	STREET ADDRESS (NO P.O. BOX) _____
CITY _____	STATE ZIP CODE AREA CODE/PHONE _____
COMMITTEE NAME _____	I.D. NUMBER _____
NAME OF TREASURER _____	CONTROLLED COMMITTEE <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS _____	STREET ADDRESS (NO P.O. BOX) _____
CITY _____	STATE ZIP CODE AREA CODE/PHONE _____

6. Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER _____	JURISDICTION _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------------	--------------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

22037764151

OFFICE SOUGHT OR HELD _____

CASTRICT (NO. IF ANY) _____

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7-1-02
through 9-30-02

CALIFORNIA **460**
FORM

Page 3 of 6

INSTRUCTIONS ON REVERSE

SB 189 NATIONAL ASSOCIATION OF LETTER
CARRIERS POLITICAL ACTICAL COMMITTEE

I.D. NUMBER

870199

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

	Column A TOTAL THE PERIOD FROM ATTACHED SCHEDULES	Column B CALCULATE YEAR TOTAL TO DATE
Monetary Contributions	Schedule A, Line 3 \$ <u>51.00</u>	\$ <u>51.00</u>
Loans Received	Schedule B, Line 7 \$ <u>0</u>	\$ <u>0</u>
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>51.00</u>	\$ <u>51.00</u>
Nonmonetary Contributions	Schedule C, Line 8 \$ <u>0</u>	\$ <u>0</u>
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>51.00</u>	\$ <u>51.00</u>

VT through 0/00 7/1 to Date

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditures Made

Payments Made	Schedule E, Line 4 \$ <u>1000.00</u>	\$ <u>3250.00</u>
Loans Made	Schedule H, Line 7 \$ <u>0</u>	\$ <u>0</u>
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>1000.00</u>	\$ <u>3250.00</u>
Accrued Expenses (Unpaid Bills)	Schedule F, Line 8 \$ <u>0</u>	\$ <u>0</u>
Nonmonetary Adjustment	Schedule G, Line 9 \$ <u>0</u>	\$ <u>0</u>
TOTAL EXPENDITURES MADE	Add Lines 6 + 8 + 9 + 10 \$ <u>1000.00</u>	\$ <u>3250.00</u>

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)

Total to Date

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Current Cash Statement

Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>26,387.36</u>
Cash Receipts	Column A, Line 3 above \$ <u>51.00</u>
Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>
Cash Payments	Column A, Line 8 above \$ <u>1090.00</u>
ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>25,378.36</u>

If this is a termination statement, Line 16 must be zero.

7. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse \$ 0

9. Outstanding Debts Add Line 2 + Line 6 in Column B above \$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Type or print in ink. Amounts may be rounded to whole dollars.

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF PAIR

DR. 193 NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION COMMITTEE

Statement covers period from 7-1-02 through 9-30-02

Table with columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED PERIOD, CUMULATIVE TO DATE CALENDAR YEAR, PER ELECTRON TO DATE

SUBTOTALS

Schedule A Summary

- 1. Amount received this period - contributions of \$100 or more. (include all Schedule A subtotals.) \$ 51.00
2. Amount received this period - unitemized contributions of less than \$100. \$ 51.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 51.00

*Contributor Codes: IND - Individual, COM - Recipient Committee (other than PTY or SCC), OTH - Other, PTY - Political Party, SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded
to whole dollars.

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
**84 193 NATIONAL ASSOCIATION OF LETTER
CARRIERS POLITICAL ACTION COMMITTEE**

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT (IF REQUIRED)	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$

- Schedule D Summary**
- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 0
 - Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
 - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 0

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE
**CALIFORNIA 460
FOHM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. 198 NATIONAL ASSOCIATION OF LETTER
CAROLANS POLITICAL ACTION COMMITTEE

Statement covers period
from 7-1-02

through 9-30-02

Page 6 of 6

I.D. NUMBER

870199

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- DVP campaign paraphernalia
- ONS campaign consultants
- CTB contribution (explain non-monetary)
- CVC civic donations
- FL candidate flag/bailot fees
- RND fundraising events
- RD independent expenditure supporting/opposing others (explain)
- LEG legal defense
- LT campaign literature and mailings

- MBA member communications
- MTG meetings and appearances
- OPC office expenses
- PEI petition circulating
- PHQ phone banks
- POL polling and survey research
- PCS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/purpose travel, lodging, and meals
- TSP transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF DIFFERENT, ALSO ENTER I.D. NUMBER)

MIKE HONDA FOR CONGRESS
111 W. ST. JOHAN ST. STE #400
SAN JOSE, CA 95113

8-1-02

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	CONTRIBUTORS TO FEDERAL CANDIDATES AND COMMITTEES	1000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1000.00

Schedule E Summary

1. Payments made this period of \$100 or more. (include all Schedule E subtotals.) \$ 1000.00
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-8-02
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>fer</i> PREPARER	10-15-02 DATE PREPARED

(6/2000)

2002年10月15日