

**FEC
FORM 3X**

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

RECEIVED
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2022
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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 PALA

ADDRESS (number and street) 7032 Jersey Ave

Check if different than previously reported. (ACC) Brooklyn PARK MA 05428 - 1762

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00114314

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) 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 M / D D D / Y Y Y Y Y Y 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 M / D D D / Y Y Y Y Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2021 through 12 / 31 / 2021

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 Fodstad* Date 01 / 05 / 2022

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

NON-FEDERAL CAMPAIGN FINANCING

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NALC DAL 9

Report Covering the Period:

From:

/ /
 01 / 01 / 2021

To:

/ /
 12 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYYYY"/> 2021		8,483.04
(b) Cash on Hand at Beginning of Reporting Period.....	8,483.04	
(c) Total Receipts (from Line 19).....	9,819.21	9,819.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18,302.25	18,302.25
7. Total Disbursements (from Line 31).....	6,475.00	6,475.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11,827.25	11,827.25
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 COMPLIANCE

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 / 2021

To:

12 / 31 / 2021

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)).....▶

9,081,921

9,081,921

9,081,921

9,081,921

- (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).....▶

9,081,921

9,081,921

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.....

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)).....▶

9,081,921

9,081,921

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

9,081,921

9,081,921

NON-FEDERAL AND LEVIN FUNDS

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)	0000000000	0000000000
34. Total Contribution Refunds (from Line 28(d))	0000000000	0000000000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0000000000	0000000000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0000000000	0000000000
37. Offsets to Operating Expenditures (from Line 15, page 3)	0000000000	0000000000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0000000000	0000000000

NONDISCLOSURE COMPONENT

**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 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	

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 (Last, First, Middle Initial) **Klobuchar Amy**

Mailing Address **PO Box 4146**

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

Purpose of Disbursement **Klobuchar for Minnesota**

Candidate Name **Amy Klobuchar** Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District:

Date of Disbursement **03 / 12 / 2021**

FEC Identification Number **C00431353**

Amount of Each Disbursement this Period **725.00**

Memo Item

B.

Full Name (Last, First, Middle Initial) **Tina Smith**

Mailing Address **PO Box 14156**

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 / 17 / 2021**

FEC Identification Number **C00663781**

Amount of Each Disbursement this Period **500.00**

Memo Item

C.

Full Name (Last, First, Middle Initial) **Angie Craig for Congress**

Mailing Address **PO Box 22116**

City **St Paul** State **MN** Zip Code **55122**

Purpose of Disbursement **Contribution**

Candidate Name **Angie Craig** Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District:

Date of Disbursement **06 / 12 / 2021**

FEC Identification Number **C00575209**

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) ▶

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 1		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NALC PAL9

A.

Full Name (Last, First, Middle Initial)
WALZ, TIM

Date of Disbursement
01 / 01 / 2021

Mailing Address
110 E Liberty St

City **Mankato** State **MN** Zip Code **55601**

Purpose of Disbursement
Tim Walz of Governor

Candidate Name
Tim Walz

Office Sought: House Senate President
Governor

Disbursement For: Primary General Other (specify) ▼

State: **MN** District:

FEC Identification Number
C

Amount of Each Disbursement this Period
5,000.00

Memo Item

B.

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

Date of Disbursement
03 / 12 / 2021

Mailing Address
255 Plato Blvd

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

Purpose of Disbursement
Founders Day

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
1,000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Hollies Winston for Brooklyn Park

Date of Disbursement
04 / 17 / 2021

Mailing Address
6066 Shingle Creek Pkwy # 1102

City **Brooklyn Center** State **MN** Zip Code **55430**

Purpose of Disbursement
Donation

Candidate Name
Hollies Winston

Office Sought: House Senate President
Mayor

Disbursement For: Primary General Other (specify) ▼

State: **MN** District:

FEC Identification Number
C

Amount of Each Disbursement this Period
5,000.00

Memo Item

SUBTOTAL of Disbursements 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 2 OF 2	
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 26 <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Julie Blaha

Mailing Address
PO Box 17083

City St Paul State Mn Zip Code 55117

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
 MM DD YYYY
07 27 2021

FEC Identification Number
C

Amount of Each Disbursement this Period
250.00

Memo Item

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

Mailing Address
1584 Harvest Ln

City Shakopee State Mn Zip Code 55370

Purpose of Disbursement
Contribution

Candidate Name
Brad Tabke

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: Mn District: 55a

Date of Disbursement
 MM DD YYYY
10 06 2021

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
2nd Congressional OFL

Mailing Address
11995 350th St way

City Cannon Falls State Mn Zip Code 55009

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: Mn District: 2

Date of Disbursement
 MM DD YYYY
10 19 2021

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).....▶

.....

.....

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**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>3</u> OF <u>3</u>		
	<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 checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial) Simon for Secretary of State

Mailing Address 418 Hollyhock Ln

City Hopkins State Mn Zip Code 55343

Purpose of Disbursement Contribution

Candidate Name Steve Simon

Office Sought: Secretary of State State: MN District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 10/29/2021

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Memo Item

B.

Full Name (Last, First, Middle Initial) Keith Ellison for Attorney General

Mailing Address 620 Wesley Commons Dr, Suite 28

City Golden Valley State MN Zip Code 55427

Purpose of Disbursement Contribution

Candidate Name Keith Ellison

Office Sought: Attorney General State: MN District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 11/12/2021

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Memo Item

C.

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

Mailing Address PO Box 7307

City St Paul State MN Zip Code 55107

Purpose of Disbursement Contribution

Candidate Name _____

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

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 12/10/2021

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).....▶

CONFIDENTIAL INFORMATION

JiuJiui Action League 9
m Fodstad
132 Jersey Avenue North
Brooklyn Park MN 55428




Federal Election Commission
1050 First St NE
Washington DC
20463

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 PREPARER
 (3/2015)

01/28/22
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