

2010 JAN 19 AM 11:05

FEC  
FORM 3XREPORT 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

Branch 343 National Association of

Letter Carriers Political Action Fund

2225 Blendon Pl.

ADDRESS (number and street)

☐ Check if different  
than previously  
reported. (ACC)

St. Louis, Mo.

63143-1423

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00140772

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

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(d) 30-Day

POST-Election

Report for the:

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

Election on

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY  
7 / 1 / 2009

through

MM / DD / YYYY  
12 / 31 / 2009MM / DD / YYYY  
12 / 31 / 2009MM / DD / YYYY  
12 / 31 / 2009

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

Tom Harman

Signature of Treasurer

Tom Harman

Date

MM / DD / YYYY  
1 / 12 / 2010MM / DD / YYYY  
1 / 12 / 2010MM / DD / YYYY  
1 / 12 / 2010

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  
OnlyFEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
**Branch 343 National Association of  
Letter Carriers Political Action Fund**

Report Covering the Period:

From:

7 / 1 / 2009

To:

12 / 31 / 2009

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1, 2009

9,186.46

(b) Cash on Hand at  
Beginning of Reporting Period.....

12,096.12

(c) Total Receipts (from Line 19).....

4,983.35

9,323.01

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

17,079.47

18,509.47

7. Total Disbursements (from Line 31).....

2,275.00

3,705.00

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

14,804.47

14,804.47

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

00



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)  
Prior TO January 1 1994

**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 (Rev. 06/2004)

Page 3

Write or Type Committee Name **Branch 343 National Association of  
Letter Carriers Political Action Fund**

Report Covering the Period: From: **7** / **1** / **2009** To: **12** / **31** / **2009**

## **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).....

2,030.00

2,730.00

(ii) Unitemized .....

2,944.00

6,574.05

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

4,974.00

9,304.05

(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) .....

4,974.00

9,304.05

**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.).....**

9.35

18.96

**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)) .....**

4,983.35

9,323.01

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

10030214325



DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

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) .....

4,974.00
4,974.00

9,304.05
9,304.05

10030214327

**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 2 OF 11 A

<input checked="" 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 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)

Branch 343 National Association Of  
Letter Carriers Political Action Fund

Full Name (Last, First, Middle Initial)

A. Michael Chenot

Mailing Address

2726 Blackforest Ct.

City

St. Louis, Mo 63129

State

Zip Code

FEC ID number of contributing  
federal political committee.

C 00140772

Name of Employer

Occupation

Retired Letter Carrier

Receipt For:

☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

130.00

7-9 10.00	10-16-10.00
7-12-10.00	10-28-10.00
8-6-10.00	11-14-10.00
8-22-10.00	11-24-10.00
9-2-10.00	12-12-10.00
9-18-10.00	12-24-10.00
10-1-10.00	

Full Name (Last, First, Middle Initial)

B.

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

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

2,030.00

10030214328

# 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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full) **Branch 343 National Association of  
Letter Carriers Political Action Fund**

Full Name (Last, First, Middle Initial)

A. **Rich Masblech**

Mailing Address

**7153 Becker RD**

City

**St. Louis, Mo.**

State

**63129**

Zip Code

FEC ID number of contributing  
federal political committee.

**C 00140772**

Name of Employer

**Retired Letter Carrier**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**13,000.00**

Date of Receipt

**7-1--100.00**

Amount of Each Receipt this Period

**600.00**

**8-3-100.00**

**9-2-100.00**

**10-5-100.00**

**11-5-100.00**

**12-7-100.00**

Full Name (Last, First, Middle Initial)

B. **Robert Lehmkuhl**

Mailing Address

**1805 Diane Dr.**

City

**St. Louis, Mo.**

State

**63125**

Zip Code

FEC ID number of contributing  
federal political committee.

**C 00140772**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**12,000.00**

Date of Receipt

**12 / 12 / 2009**

Amount of Each Receipt this Period

**12,000.00**

Full Name (Last, First, Middle Initial)

C. **John Grewe Jr.**

Mailing Address

**307 W Central Ave**

City

**Benld, IL**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C 0014772**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11-16--100.00**

Amount of Each Receipt this Period

**100.00**

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

**1,900.00**

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

**1,900.00**

**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"/> 24	<input type="checkbox"/> 25	<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) **Branch 343 National Association of Letter Carriers Political Action Fund**

Full Name (Last, First, Middle Initial)

**A. Carnahan in Congress.**

Mailing Address **P.O.Box 3436**

City State Zip Code

**ST. LOUIS, MO. 63143**

Purpose of Disbursement

Candidate Name

**Russ Carnahan**

Office Sought:

☒ House

☐ Senate

☐ President

State: **Mo.**

District: **3rd**

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

Date of Disbursement

**9 / 15 / 2009**

Amount of Each Disbursement this Period

**1,000.00**

Full Name (Last, First, Middle Initial)

**B. Robin Carnahan For Senate Committee**

Mailing Address

**P.O.Box 50378**

City State Zip Code

**St. Louis, MO 63105**

Purpose of Disbursement

Candidate Name

**Robin Carnahan**

Office Sought:

☒ House

☐ Senate

☐ President

State: **Mo.**

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Date of Disbursement

**10- / 13 / 2009**

Amount of Each Disbursement this Period

**1,000.00**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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


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

**2,000.00**

10030214330



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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/11/10
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<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
 PREPARER	1/19/10 DATE PREPARED

(3/2005)

10030214331  
T3371205001