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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

ADDRESS (number and street) C00114314 060906 N 215
RON LAWRENCE
NATIONAL ASSOCIATION OF LETTER
CARRIERS OF UNITED STATES OF
11581 ILEX ST NW
COON RAPIDS MN 55448

Check if different than previously reported. (ACC)

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

C00114314

3. IS THIS REPORT NEW OR AMENDED (N) (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). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on in the State of

5. Covering Period 04 01 2019 through 06 30 2019

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 Ron Lawrence

Signature of Treasurer [Handwritten Signature]

Date 07 02 2019

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 Only [Grid] FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

PALGNALC

Report Covering the Period: From:

04 / **01** / **2019**

To:

06 / **30** / **2019**

COMMISSION ON FEDERAL ELECTIONS

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2019	743525
(b) Cash on Hand at Beginning of Reporting Period.....	1534844
(c) Total Receipts (from Line 19).....	62700
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1019419
7. Total Disbursements (from Line 31).....	1597544
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	350000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	1247544
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
1050 First Street, N.E.
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

PAL9NALC

Report Covering the Period: From:

04 / 01 / 2019

To:

06 / 30 / 2019

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

- 0 -

627.00

627.00

627.00

627.00

627.00

- 0 -

10194.19

10194.19

10194.19

10194.19

10194.19

FEDERAL CAMPAIGN DISBURSEMENT REPORT

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE / OF 1
 (check only one)

<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) **PAL9NALC**

A. 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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts 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 1 OF 2		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27	<input 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) **PAL 9NALC**

A. Minnesota State DFL

Full Name (Last, First, Middle Initial) _____
 Mailing Address **255 PLATO BLVD**
 City **ST. PAUL** State **Mn** Zip Code **55107**

Purpose of Disbursement **Humphrey-Mondale Dinner** Category/Type

Candidate Name _____

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

State: _____ District: _____

Date of Disbursement **04 / 04 / 2019**

FEC Identification Number **C**

Amount of Each Disbursement this Period **1250.00**

Memo Item

BAKK (TOM) FOR SENATE

Full Name (Last, First, Middle Initial) _____
 Mailing Address **P.O. Box 444**
 City **COOK** State **Mn** Zip Code **55723**

Purpose of Disbursement **FUND RAISER** Category/Type

Candidate Name **TOM BAKK**

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

State: **MN** District: **3**

Date of Disbursement **05 / 23 / 2019**

FEC Identification Number **C**

Amount of Each Disbursement this Period **5000.00**

Memo Item

c. Keith Ellison for Atty. General

Full Name (Last, First, Middle Initial) _____
 Mailing Address **P.O. Box 80824**
 City **MPLS** State **Mn** Zip Code **55403**

Purpose of Disbursement **FUND RAISER** Category/Type

Candidate Name _____

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

State: **MN** District: _____

Date of Disbursement **06 / 12 / 2019**

FEC Identification Number **C**

Amount of Each Disbursement this Period **5000.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional) **2250.00**

TOTAL This Period (last page this line number only) **2250.00**

**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)

<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 2 OF 2

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NAME OF COMMITTEE (In Full) **PAL9NALC**

A. Tim WALZ for GOVERNOR

Date of Disbursement: **06/07/2019**

Mailing Address: **110 E. Liberty ST**

City: **MANKATO** State: **MN** Zip Code: **56001**

Purpose of Disbursement: **FUND RAISER**

Candidate Name: **TIM WALZ**

Office Sought: House Senate President
GOVERNOR

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

State: **MN** District: _____

FEC Identification Number: **C**

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

Memo Item

Minnesota for Julie Blaha (STATE Auditor)

Date of Disbursement: **06/21/2019**

Mailing Address: **15425 Eland ST NW**

City: **RAMSEY** State: **MN** Zip Code: **55303**

Purpose of Disbursement: **FUND RAISER**

Candidate Name: **JULIE BLAHA**

Office Sought: House Senate President
STATE Auditor

Disbursement For: Primary General Other (specify) **STATE Auditor**

State: **MN** District: _____

FEC Identification Number: **C**

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

Memo Item

C. Minnesota STATE DFL

Date of Disbursement: **06/26/2019**

Mailing Address: **255 E. PLATO BLVD**

City: **ST. PAUL** State: **MN** Zip Code: **55107**

Purpose of Disbursement: **Women's Leadership Dinner**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Women's Leadership Dinner**

State: _____ District: _____

FEC Identification Number: **C**

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

Memo Item

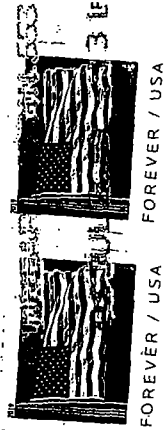
SUBTOTAL of Disbursements This Page (optional)..... **1,250.00**

TOTAL This Period (last page this line number only)..... **1,250.00**

UNRECORDED MAIL NO. 1001 NO. 1001

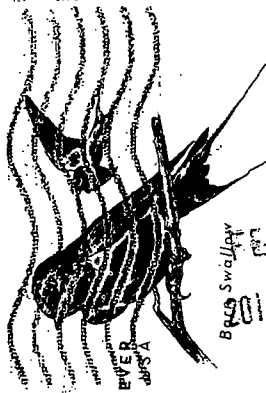


POLITICAL ACTION LEAGUE
Ron Lawrence, Treasurer
11581 Ilex Street N.W.
Coon Rapids, MN 55448-2316



FOREVER
USA

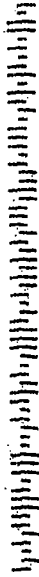
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2019 JUL 19 AM 9:41
Big Swallow

Federal Election Commission
1050 First Street, NE
Washington, DC

20463



20463-

ATTN:
Miksey Adamsky

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 checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 7/1/19	7/9/19
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	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 *MP*
 (3/2015)

7/9/19
 DATE PREPARED

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