

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2020 JUN 16 PM 3:20
Office Use Only

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 MD 55428 - 1763

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

000114314

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) <small>(Non-Election Year Only)</small>
	April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) <small>(Non-Election Year Only)</small>
X July 15 Quarterly Report (Q2)	October 15 Quarterly Report (Q3)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	January 31 Year-End Report (YE)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
July 31 Mid-Year Report (Non-election Year Only) (MY)	Election on	Convention (12C)	Special (12S)		
Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
	Election on				

5. Covering Period 04 01 2020 through 06 30 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 Fodstad

Signature of Treasurer James Fodstad Date 07 03 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PAL9 NALC

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 04 01 2020 To: ^{M M / D D / Y Y Y Y} 06 30 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2020		7,842.04
(b) Cash on Hand at Beginning of Reporting Period.....	15,153.04	
(c) Total Receipts (from Line 19).....	525.00	10,034.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,678.04	17,876.04
7. Total Disbursements (from Line 31).....	2,750.00	4,948.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,928.04	12,928.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

PAL 9 NALC

Report Covering the Period: From:

04 / 01 / 2020

To:

06 / 30 / 2020

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.....	525.00	1,0034.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	525.00	1,0034.00
(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).....▶	525.00	1,0034.00
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)).....▶	525.00	10,034.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	525.00	10,034.00

2025 RELEASE UNDER E.O. 14176

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		89.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
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)	1,750.00	3,860.00
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)) ..	2,750.00	4,948.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2,750.00	4,948.00

DISBURSEMENTS AND CONTRIBUTIONS

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	, 525.00	, 10,034.00
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)	, 525.00	, 9,946.00

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
Mailing Address			M M / D D / Y Y / Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
Mailing Address			M M / D D / Y Y / Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
Mailing Address			M M / D D / Y Y / Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	101
TOTAL This Period (last page this line number only).....▶	101

INFORMATION NOT TO BE GIVEN

**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 /

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

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NAME OF COMMITTEE (In Full)

PAL 9 NALC

Full Name (Last, First, Middle Initial)

A. Tina Smith for Minnesota

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2020

Mailing Address

PO Box 14362

City

St. Paul

State

MN

Zip Code

55114

FEC Identification Number

C1254580

Purpose of Disbursement

Fund Raiser

Amount of Each Disbursement this Period

500.00

Candidate Name

Tina Smith

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MN**

District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Peterson for Congress

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2020

Mailing Address

PO Box 265

City

Detroit Lakes

State

MN

Zip Code

56502

FEC Identification Number

C00253187

Purpose of Disbursement

Fund Raiser

Amount of Each Disbursement this Period

500.00

Candidate Name

Collin Peterson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MN**

District: **7th**

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

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

1,000.00

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

1,000.00

**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 1 OF 2
	<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)
PAL 9 NALC

A. Full Name (Last, First, Middle Initial) Minnesota State DFL			Date of Disbursement M M / D D / Y Y Y Y 04 11 2020		
Mailing Address 255 Plato Blvd					
City St PAUL		State Mn	Zip Code 55107		
Purpose of Disbursement Humphrey/Mondale Dinner			FEC Identification Number C		
Candidate Name			Amount of Each Disbursement this Period 500.00		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: Mn District:		Memo Item			

B. Full Name (Last, First, Middle Initial) Hortman Campaign Committee			Date of Disbursement M M / D D / Y Y Y Y 06 08 2020		
Mailing Address 8710 Windsor Terrace					
City Brooklyn Park		State Mn.	Zip Code 55443		
Purpose of Disbursement Fund Raiser			FEC Identification Number C		
Candidate Name Melissa Hortman			Amount of Each Disbursement this Period 500.00		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State: Mn District: 26B		Memo Item			

C. Full Name (Last, First, Middle Initial) Susan Kent for Senate			Date of Disbursement M M / D D / Y Y Y Y 06 22 2020		
Mailing Address 1056 Autumn Bay					
City Woodbury		State Mn	Zip Code 55125		
Purpose of Disbursement Fund Raiser			FEC Identification Number C		
Candidate Name Susan Kent			Amount of Each Disbursement this Period 500.00		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: Mn District: 53		Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	1,500.00
TOTAL This Period (last page this line number only).....▶	1,500.00

**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 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input checked="" type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b
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NAME OF COMMITTEE (In Full)

PAL 9 NALC

<p>A. Full Name (Last, First, Middle Initial) Erin Murphey for Senate</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 06 22 2020</p>	
<p>Mailing Address PO Box 4656</p>		<p>FEC Identification Number C</p>	
<p>City St Paul</p>	<p>State MN</p>	<p>Zip Code 55104</p>	
<p>Purpose of Disbursement Fund Raiser</p>		<p>Amount of Each Disbursement this Period , 250.00</p>	
<p>Candidate Name Erin Murphey</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: MN District: 64</p>	<p>Memo Item</p>		
<p>B. Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement M M / D D / Y Y Y Y</p>	
<p>Mailing Address</p>		<p>FEC Identification Number C</p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Purpose of Disbursement</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>Memo Item</p>		
<p>C. Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement M M / D D / Y Y Y Y</p>	
<p>Mailing Address</p>		<p>FEC Identification Number C</p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Purpose of Disbursement</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>Memo Item</p>		
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>		<p>, 250.00</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>		<p>, 250.00</p>	

al Action League 9
odstad
Jersey Avenue North
lyn Park MN 55428

FEDERAL MAIL CENTER
2020 JUL 16 PM 3:20

Federal Election Commission
1050 First St NE
Washington DC

20463



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.

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<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
<i>SPM</i>	<i>7/20/20</i>
PREPARER	DATE PREPARED

2020 RELEASE UNDER E.O. 14176