

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2007 JUL -9 AM 9:39

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ADDRESS (number and street)



Check if different
than previously
reported. (ACC)

C00114314 060906 N 215
RON LAWRENCE
NATIONAL ASSOCIATION OF LETTER
CARRIERS OF UNITED STATES OF
11581 ILEX ST NW
COON RAPIDS MN 55448

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



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

01

01

2007

through

06

30

2007

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

Ron Lawrence

Date

07

01

2007

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

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PAL 9 NALC

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2007

To:

MM / DD / YYYY
06 / 30 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		11,317.66
(b) Cash on Hand at Beginning of Reporting Period	11,317.66	
(c) Total Receipts (from Line 19)	12,127.57	12,127.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23,445.23	23,445.23
7. Total Disbursements (from Line 31)	3,250.00	3,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20,195.23	20,195.23
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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

PAL 9NALC

Report Covering the Period:

From:

01'01'2007

To:

06'30'2007

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—
12,127.57
12,127.57**

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

**—0—
12,127.57
12,127.57**

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

12,127.57

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(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	1,500.00	1,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	1,250.00	1,250.00
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	500.00	500.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	3,250.00	3,250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3,250.00	3,250.00

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	12,127.57	12,127.57
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)		

27039462482

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	<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)

PALGNALC

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

A.

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 ▼

Amount of Each Receipt this Period

MM / DD / YYYY

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

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 ▼

Amount of Each Receipt this Period

MM / DD / YYYY

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

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 ▼

Amount of Each Receipt this Period

MM / DD / YYYY

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

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

MM / DD / YYYY

**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 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PAL 9NALL

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Friends of Jim Oberstar

Mailing Address

1017 - 8TH St. NW

02 / 06 / 2007

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Candidate Name

Jim Oberstar

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State: MN

District:

8TH

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Friends of Jim Oberstar

Mailing Address

1017 - 8TH St. NW

02 / 06 / 2007

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Candidate Name

Jim Oberstar

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State: MN

District:

8TH

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Klobuchar for Minnesota

Mailing Address

P.O. Box 4146

05 / 24 / 2007

City

St. Paul

State

MN

Zip Code

55104

Purpose of Disbursement

Candidate Name

Amy Klobuchar

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State: MN

District:

Amount of Each Disbursement this Period

500.00

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

1500.00

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

1500.00

**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 /

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☒ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PAL9NALC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

MN State DFL

Mailing Address

255 E PLATO BLVD

04/09/2007

City

St. Paul

State

MN

Zip Code

55107

Purpose of Disbursement

Humphrey Dinner

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1,250.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

1,250.00

1,250.00

27039462485

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

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☒ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PALGNALC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. ERHART VOL. Committee

03/17/2007

Mailing Address 4120-115TH Ave NW

City COON Rapids State MN Zip Code 55433

Purpose of Disbursement
County Commissioner

Candidate Name DAN ERHART

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼

State: MN District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. LeDoux VOL. Committee

04/18/2007

Mailing Address 358-139TH LANE

City ANDOVER State MN Zip Code 55304

Purpose of Disbursement
County Commissioner

Candidate Name Scott LeDoux

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼

State: MN District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Let's Try Harder for Schoolboard

06/14/2007

Mailing Address 1224-87TH Ave N

City Brooklyn Park State MN Zip Code 55444

Purpose of Disbursement
School Board

Candidate Name WARREN HARDER

Category/
Type

Amount of Each Disbursement this Period

300.00

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼

State: MN District:

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


500.00

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

500.00

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
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" 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
(3/2005)

7/9/01
DATE PREPARED

27039462487