

**FEC
FORM 3X**

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

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

DIAMOND GROUP (BRANCH) NATIONAL ASSOCIATION
of Letter Carriers Political Action Fund

ADDRESS (number and street) 612 CHARLESTON OAKS DRIVE
BALTIMORE MD 63021-7387

Check if different than previously reported. (ACC)

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

C00140772

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input checked="" type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on 11 / 4 / 2014 in the State of MD

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 10 / 1 / 2014 through 10 / 23 / 2014

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 Michael T. Weir

Signature of Treasurer *Michael T. Weir* Date 10 / 23 / 2014

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							
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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

DAN J. GOULD BRAND 343 NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION FUND

Report Covering the Period: From: MM / DD / YYYY 1 / 1 / 2014 To: MM / DD / YYYY 1 / 23 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY 2014		19,610.47
(b) Cash on Hand at Beginning of Reporting Period.....	19,839.56	
(c) Total Receipts (from Line 19).....	3,480.00	6,736.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20,187.56	26,347.12
7. Total Disbursements (from Line 31).....	2,250.00	8,409.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	17,937.56	17,937.56
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)

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

DAN J. GOULD BRANCH 343 NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION FUND

Report Covering the Period: From:

M M M / D D D / Y Y Y Y Y Y Y Y
1 0 / 1 / 2 0 1 4

To:

M M M / D D D / Y Y Y Y Y Y Y Y
1 0 / 2 3 / 2 0 1 4

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).....

0.00

1,200.00

(ii) Unitemized

348.00

5,497.00

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

348.00

6,697.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

348.00

6,697.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

380.5

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

1.60

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

348.00

6,736.65

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

348.00

6,736.65

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1,095.6
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1,095.6
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	2,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1,250.00	6,300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2,250.00	8,409.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,250.00	8,409.56

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)	3,480.00	6,697.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,480.00	6,697.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1,095.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	38.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	715.10

**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"/> 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

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)

Dan J Gould Branch 343 National Association of Letter Carriers Political Action Fund

Full Name (Last, First, Middle Initial)

A. CLAY, Jr. for Congress Committee

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	0		1	4		2	0	1	4		

Mailing Address

P. O. Box 4544

City

ST. LOUIS

State

MO

Zip Code

63108-0544

Purpose of Disbursement

Candidate Name

William Lacy CLAY

0	1	1
Category/Type		

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District: 1ST

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y

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)

C.

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type		

Amount of Each Disbursement this Period

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Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

1	0	0	0	0	0
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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 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DAN J GOULD BRANCH 343 NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
10	14	2014

A.

Schupp for Senate

Mailing Address

418 North Mosley

City

Creve Coeur

State

MO

Zip Code

63141

Purpose of Disbursement

Candidate Name

Jill Schupp

011
Category/ Type

Amount of Each Disbursement this Period

250.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District: 24

State Senator

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
10	14	2014

B.

citizens for Vicki Lorenz Englund

Mailing Address

P.O. Box 270545

City

ST. LOUIS

State

MO

Zip Code

63127

Purpose of Disbursement

Candidate Name

Vicki Lorenz Englund

011
Category/ Type

Amount of Each Disbursement this Period

250.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District: 94

State Representative

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
10	14	2014

C.

Gina Mitten for State Representative

Mailing Address

1615 Hunter Avenue

City

ST. LOUIS

State

MO

Zip Code

63117

Purpose of Disbursement

Candidate Name

Gina Mitten

011
Category/ Type

Amount of Each Disbursement this Period

250.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District: 83

State Representative

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

750.00

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 2 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

A.

Full Name (Last, First, Middle Initial)
Launden for State Rep

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014

Mailing Address
11247 Manchester Road

City
Kirkwood State
MO Zip Code
63122

Purpose of Disbursement

Candidate Name
Deb Launden

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *State Representative*

State: *MO* District: *90*

Category/Type
0.1.1

Amount of Each Disbursement this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Citizens for Steve Stenger

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014

Mailing Address
1505 S. Big Bend Blvd

City
St Louis State
MO Zip Code
63117

Purpose of Disbursement

Candidate Name
Steve Stenger

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *St Louis County Executive*

State: *MO* District:

Category/Type
0.1.1

Amount of Each Disbursement this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y

Mailing Address

City
 State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Category/Type

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶ *500.00*

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

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799 E Street NW
Washington DC

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Insurance Fee	Scheduled Delivery Time	Weight	Flat Rate
\$	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	4 16	<input type="checkbox"/> AM <input type="checkbox"/> PM
Return Receipt Fee	<input type="checkbox"/> 12 NOON	2.6	lbs. ozs.
\$	10:30 AM Delivery Fee	Acceptance Employee Initials	
Live Animal Transportation Fee	Total Postage & Fees		
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

10/24/14
DATE PREPARED

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