

**FEC
FORM 3X**

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

RECEIVED

2014 OCT -9 AM 8:42
Office Use Only

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

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 ▲
C 00114314

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) | 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 Report for the:

| | | |
|------------------|---------------|--------------|
| Primary (12P) | General (12G) | Runoff (12R) |
| Convention (12C) | Special (12S) | |

Election on _____ in the State of _____

(d) 30-Day Report for the:

| | | |
|---------------|--------------|---------------|
| General (30G) | Runoff (30R) | Special (30S) |
|---------------|--------------|---------------|

Election on _____ in the State of _____

5. Covering Period **06 01 2014** through **09 30 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 **Ron Lawrence**

Signature of Treasurer *Ron Lawrence* Date **10 01 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PAL9NALC

Report Covering the Period:

From:

06 01 2014

To:

09 30 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2014 | | 13335.90 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 22638.05 | |
| (c) Total Receipts (from Line 19) | 2225.00 | 19447.25 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 24863.05 | 32783.15 |
| 7. Total Disbursements (from Line 31) | 13130.88 | 21050.98 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 11732.17 | 11732.17 |
| 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

PAL9NALC

Report Covering the Period: From:

06 01 2014

To:

09 30 2014

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).....

2,000.00

840000

(ii) Unitemized

225.00

11,047.25

(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)..... ▶

2225.00

19447.25

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))..... ▶

2225.00

19447.25

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

2225.00

19447.25

**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)) | 30.88 | 122.88 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 3,000.00 | 7,000.00 |
| 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 | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | |
| 29. Other Disbursements | 10,100.00 | 13,928.10 |
| 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)) .. | 13,130.88 | 21,050.98 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 13,130.88 | 21,050.98 |

17001-1000-1000-1000

**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) | 22,250.00 | 194,472.25 |
| 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) | | |

FROM AND TO

**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 1 OF 1 |
| <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 (Last, First, Middle Initial) **LAMSON HOWARD G**

Mailing Address **9644 FALCONS WAY**

City **Eden Prairie MN** State Zip Code **55347**

FEC ID number of contributing federal political committee. **C**

Name of Employer **US POSTAL SERVICE** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt **07 / 01 / 2014**

Amount of Each Receipt this Period **2000.00**

B. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **2000.00**

TOTAL This Period (last page this line number only)..... **2000.00**

2014-07-01 10:00:00 AM

**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 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)

PAL9NALC

Full Name (Last, First, Middle Initial)

A. **Peterson for Congress**

Date of Disbursement

06 06 2014

Mailing Address

26192 FLOYD LAKE POINT RD

City

Detroit Lakes Mn 56502

Purpose of Disbursement

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**

Full Name (Last, First, Middle Initial)

B. **Nolan for Congress**

Date of Disbursement

06 21 2014

Mailing Address

P.O. Box 1041

City

BRAINARD Mn 56401

Purpose of Disbursement

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Rich Nolan

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

District: **8TH**

Full Name (Last, First, Middle Initial)

C. **Friends for Perske**

Date of Disbursement

06 21 2014

Mailing Address

P.O. Box 824

City

Sartell Mn 56377

Purpose of Disbursement

Amount of Each Disbursement this Period

500.00

Candidate Name

Joe Perske

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MN**

District: **6TH**

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

2,000.00

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

2,000.00

**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 2 OF 2

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

PAL9NAL

Full Name (Last, First, Middle Initial)

A. **Tim WALZ for US Congress**

Date of Disbursement

06 26 2014

Mailing Address

P.O. Box 938

City

Mankato Mn

State

Zip Code

56002

Purpose of Disbursement

Candidate Name

Tim WALZ

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **MN**

District: **1ST**

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / 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 / D D / 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:

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

1,000.00

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

3,000.00

**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 6

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)

PAL9NALL

Full Name (Last, First, Middle Initial)

A. Lori Swanson for Attorney General

Date of Disbursement

07 / 07 / 2014

Mailing Address

P.O. Box 7066

City

St. Paul

Mn

55107

Purpose of Disbursement

Mn Attorney General

Candidate Name

Lori Swanson

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Susan Witt Mn House

Date of Disbursement

07 / 07 / 2014

Mailing Address

11204 Goodhue St NE

City

Blaine

Mn

55449

Purpose of Disbursement

Candidate Name

Susan Witt

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: Mn

District: 37B

Full Name (Last, First, Middle Initial)

C. Rebecca Otto for Auditor

Date of Disbursement

07 / 14 / 2014

Mailing Address

12697 N 177th St

City

Marineon St. Coix

Mn

55047

Purpose of Disbursement

Mn Auditor

Candidate Name

Rebecca Otto

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

2,500.00

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 **2** OF **6**

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)

PALGNALC

Full Name (Last, First, Middle Initial)

A. Simon for Secretary of State

Date of Disbursement

08 / 14 / 2014

Mailing Address **210 Wayside Rd W**

City **Hopkins** State **Mn** Zip Code **55343**

Purpose of Disbursement **Mn Secretary of State**

Candidate Name **Steve Simon**

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought: House
 Senate
 President

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

State: District:

Full Name (Last, First, Middle Initial)

B. Barb Johnson for City Council

Date of Disbursement

08 / 25 / 2014

Mailing Address **4318 Xenxes Ave N**

City **Mpls** State **Mn** Zip Code **55412**

Purpose of Disbursement **CITY COUNCIL MPLS**

Candidate Name **Barb Johnson**

Category/
Type

Amount of Each Disbursement this Period

250.00

Office Sought: House
 Senate
 President

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

State: District:

Full Name (Last, First, Middle Initial)

C. Mark Dayton for A Better Mn

Date of Disbursement

08 / 25 / 2014

Mailing Address **P.O. Box 75424**

City **St. Paul** State **Mn** Zip Code **55175-5424**

Purpose of Disbursement **Gov. of Mn**

Candidate Name **Mark Dayton**

Category/
Type

Amount of Each Disbursement this Period

2000.00

Office Sought: House
 Senate
 President

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

State: District:

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

2750.00

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 **3** OF **6**

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

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NAME OF COMMITTEE (In Full)

PAL 9NALC

Full Name (Last, First, Middle Initial)

A. **Abdi Warsame Vol. Comm.**

Date of Disbursement

Mailing Address

620-16TH Ave S Suite 43

08 / 28 / 2014

City

MPLS

State

MN

Zip Code

55454

Purpose of Disbursement

City Council MPLS

Amount of Each Disbursement this Period

Candidate Name

Abdi Warsame

Category/
Type

250.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **Lori Swanson for Attorney General**

Date of Disbursement

Mailing Address

P.O. Box 7066

09 / 11 / 2014

City

St. Paul

State

MN

Zip Code

55107

Purpose of Disbursement

Attorney General MN

Amount of Each Disbursement this Period

Candidate Name

Lori Swanson

Category/
Type

400.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. **Jon Applebaum for Rep**

Date of Disbursement

Mailing Address

9904 OAK Ridge Trl

09 / 17 / 2014

City

Minnetonka

State

MN

Zip Code

55305-4647

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: **MN**

District: **44B**

500.00

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

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

1,150.00

1200110001-10001

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **4** OF **6**

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) **PALQNALC**

A. Joy Marsh Stephens for Mayor

Full Name (Last, First, Middle Initial) **Joy Marsh Stephens**

Date of Disbursement **09 / 17 / 2014**

Mailing Address **7243 Logan Ave N**

City **Brooklyn Center** State **MN** Zip Code **55430**

Purpose of Disbursement **Mayor Brooklyn Park**

Candidate Name **Joy Marsh Stephens**

Office Sought: House Senate President

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

State: _____ District: _____

Amount of Each Disbursement this Period **600.00**

B. Mike Gamache for Anoka Co Com.

Full Name (Last, First, Middle Initial) **Mike Gamache**

Date of Disbursement **09 / 22 / 2014**

Mailing Address **2815-134TH Ave NW**

City **Andover** State **Mn** Zip Code **55304**

Purpose of Disbursement **Anoka Co Commissioner**

Candidate Name **Mike Gamache**

Office Sought: House Senate President

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

State: _____ District: _____

Amount of Each Disbursement this Period **600.00**

C. Simon for Sec. of State

Full Name (Last, First, Middle Initial) **Simon**

Date of Disbursement **09 / 25 / 2014**

Mailing Address **210 Wayside Rd West**

City **Hopkins** State **Mn** Zip Code **55343**

Purpose of Disbursement **Sec. of State MN**

Candidate Name **Steve Simon**

Office Sought: House Senate President

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

State: _____ District: _____

Amount of Each Disbursement this Period **500.00**

SUBTOTAL of Disbursements This Page (optional) **1,700.00**

TOTAL This Period (last page this line number only) **1,700.00**

15001-1001-110011

**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 **5** OF **6**

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) **PALGNALC**

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Peter Perovich for House | | Date of Disbursement 09 25 2014 |
| Mailing Address 5435 - 152ND Ave NW | | Amount of Each Disbursement this Period 500.00 |
| City Ramsey Mn | State Mn | |
| Zip Code 55303 | | |
| Purpose of Disbursement | | |
| Candidate Name Peter Perovich | | Category/ Type |
| 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: 35A | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Neighbors for Erin Murphy | | Date of Disbursement 09 25 2014 |
| Mailing Address P.O. Box 4154 | | Amount of Each Disbursement this Period 500.00 |
| City St. Paul Mn | State Mn | |
| Zip Code 55104 | | |
| Purpose of Disbursement | | |
| Candidate Name Erin Murphy | | Category/ Type |
| 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: 64A | | |

| | | |
|--|---|--|
| C. Full Name (Last, First, Middle Initial) Citizens for Paul Rosenthal | | Date of Disbursement 09 25 2014 |
| Mailing Address P.O. Box 24288 | | Amount of Each Disbursement this Period 500.00 |
| City Edina Mn | State Mn | |
| Zip Code 55424 | | |
| Purpose of Disbursement | | |
| Candidate Name PAUL Rosenthal | | Category/ Type |
| 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 type="checkbox"/> Other (specify) ▼ | |
| State: Mn District: 49B | | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1,500.00 |
| 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 **6** OF **6**

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) **PAL9NALC**

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. VAL Holthus for Andover City Council | | Date of Disbursement 09 25 2014 |
| Mailing Address 17680 Arrowhead St NW | | Amount of Each Disbursement this Period 500.00 |
| City Andover | State Mn | |
| Zip Code 55304 | | |
| Purpose of Disbursement Andover City Council | Category/ Type | |
| Candidate Name VAL Holthus | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M . D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | | |
| Purpose of Disbursement | Category/ Type | |
| Candidate Name | | |
| 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 type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

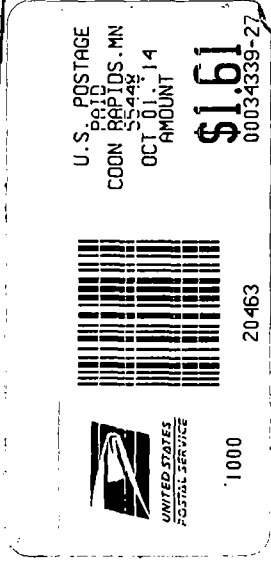
| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | | |
| Purpose of Disbursement | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 10,100.00 |

FROM AND TO

CONVERT TO OUR UNITS

Mr. Ronald G Lawrence
11581 Ilex St NW
Minneapolis MN 55448-2316



1000 20463

FIRST CLASS

Federal Election Commission
Attn: ~~Nicole Miller~~
999 E Street NW
Washington, DC 20463

FIRST CLASS

