



Jerome J. Keating Local Branch
National Association of Letter Carriers

P. A. L. 9

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
AUG 8 9 42 AM '99
(Political Action League)

11581 Ilex Street N.W., Coon Rapids, Mn 55448-2316

Walter Coulliard, President
Donald Anderson, Secretary
Ron Lawrence, Treasurer

Board Members:

Clarence Bergquist
Lenny Larson

Arnie Aune
Charla Pesaha

Arnie May
Irvin VanBergen

August 2, 1999

Federal Election Commission
Washington, DC 20463

Attn: John D. Gibson

Dear Mr. Gibson:

Enclosed is the Amended Report of PAL for the period 10/1/97 through 10/19/98, which you have requested.

Sincerely,

Ron Lawrence
Treasurer PAL 9



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

July 29, 1999

Ron Lawrence, Treasurer
National Association of Letter Carriers
of United States of America
Branch 9 P.A.L.
11581 Ilex Street, NW
Coon Rapids, MN 55448

Identification Number: C00114314

Reference: 12 Day Pre-General Report (10/1/98-10/19/98)

Dear Mr. Lawrence:

This letter is to inform you that as of July 28, 1999, the Commission has not received your response to our request for additional information, dated July 8, 1999. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

The Commission is in receipt of your Amended Reports received July 18, 1999 and July 19, 1999; however, you still need to address the matters in our letter referenced above. If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Scott Francis on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 8 9 42 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)		000114314		030498	N 268
A) RON LAWRENCE					
NATIONAL ASSOCIATION OF LETTER CARRIERS OF UNITED STATES OF					
C) 11581 ILEX ST NW					
COON RAPIDS		MN 55448			
2. FEC IDENTIFICATION NUMBER C 00114314					
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)					

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10/1/98</u> through <u>10/19/98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>98</u>		\$ 9554.31
(b)	Cash on Hand at Beginning of Reporting Period	\$ 14991.01	
(c)	Total Receipts (from Line 1B)	\$ 87.50	\$ 8569.25
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15078.51	\$ 18123.56
7.	Total Disbursements (from Line 3D)	\$ 9850.00	\$ 12895.05
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5228.51	\$ 5228.51
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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		TREASURER
Signature of Treasurer	<i>Ron Lawrence Treasurer</i>		Date 8/2/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8457g.

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FEC FORM 3X

(revised 8/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

NALC PAL 9

REPORT COVERING PERIOD

FROM *10/1/99* TO *10/19/98*

I Receipts

- 11. Contributions (other than loans) From:
 - a. Individual/Persons Other Than Political Committees
 - i. Itemized (use Schedule A) _____
 - ii. Unitemized _____
 - iii. Total _____ (add i and ii) >
 - b. Political Party Committees _____
 - c. Other Political Committees (such as PACs) _____
 - d. Total Contributions _____ (add a ii, b and c) >
- 12. Transfers From Affiliated/Other Party Committees _____
- 13. All Loans Received _____
- 14. Loan Repayments Received _____
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) _____
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees _____
- 17. Other Federal Receipts (Dividends, Interest, etc.) _____
- 18. Transfers from Nonfederal Account for Joint Activity _____
- 19. Total Receipts _____ (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts _____ (subtract line 18 from line 19) >

COLUMN A
Total This Period

COLUMN B
Calendar

87.50

8569.25

87.50

8569.25

87.50

8569.25

87.50

8569.25

87.50

8569.25

II Disbursements

- 21. Operating Expenditures:
 - a. Shared Federal/Non-Federal Activity (from Schedule H4)
 - i. Federal Share _____
 - ii. Non-Federal Share _____
 - b. Other Federal Operating Expenditures _____
 - c. Total Operating Expenditures _____ (add a i, ii and b) >
- 22. Transfers to Affiliated/Other Party Committees _____
- 23. Contributions to Federal Candidates/Committees and Other Political Committees _____
- 24. Independent Expenditures (use Schedule E) _____
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) _____
- 26. Loan Repayments Made _____
- 27. Loans Made _____
- 28. Refunds of Contributions To:
 - a. Individual/Persons Other Than Political Committees _____
 - b. Political Party Committees _____
 - c. Other Political Committees (such as PACs) _____
 - d. Total Contribution Refunds _____ (add a, b and c) >
- 29. Other Disbursements _____
- 30. Total Disbursements _____ (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements _____ (subtract line 21 a ii from line 30) >

18.05

18.50

7000.00

10027.00

2850.00

2850.00

9850.00

12895.05

9850.00

12895.05

III Net Contributions/Operating Expenditures

- 32. Total Contributions (other than loans)(from line 11d) _____
- 33. Total Contribution Refunds (from line 28d) _____
- 34. Net Contributions (other than loans)(subtract line 33 from 32) _____
- 35. Total Federal Operating Expenditures _____ (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15) _____
- 37. Net Operating Expenditures _____ (subtract line 36 from 35) >

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)

NALC PAL9

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		

SUBTOTAL of Receipts This Page (optional)

— 0 —

TOTAL This Period (last page this line number only)

— 0 —

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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)

NALC PAL9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MINGO FOR CONGRESS P.O. 364 Montevideo, MN 56265	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VENTO FOR CONGRESS 411 MAIN ST. PAUL, MN 55102	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SABO FOR CONGRESS 2425 E. FRANKLIN AVE APT. 301 MPLS, MN 55406	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LUTHER FOR CONGRESS 1399 GENEVA AVE Suite 103 OAKDALE, MN 55128	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OBERSTAR FOR CONGRESS 222 W. 1st STREET P.O. Box 465 Duluth, MN 55802	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Beckman for Congress Box 37 Bridgely, MN 56014	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LEINO FOR CONGRESS 7118 FRANCE AVE N BROOKLYN CENTER, MN 55429	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

7,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 29

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)

NALC PALQ

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CLUC LEQ FUND 312 CENTRAL AVE SE #526 MPLS, MN 55414	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/1/98	1500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HUMPHREY FOR GOVERNOR 2722 UNIVERSITY AVE SE MPLS, MN 55414	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/1/98	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CLUC LEQ FUND 312-CENTRAL AVE SE #526 MPLS, MN 55414	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/2/98	350.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

2850.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has 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"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SL</i> PREPARER	 8-2-99 DATE PREPARED