

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM

2001 JUN 26 P 2:04

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

COG114314 060601 N 271
 RON LAWRENCE
 NATIONAL ASSOCIATION OF LETTER
 CARRIERS OF UNITED STATES OF
 11581 ILEX ST NW
 COON RAPIDS MN 55448

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C0014314

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

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)

(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

2001

through

06

30

2001

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

Ron Lawrence

Date

07

16

2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

PAL 9 NALC

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		280,325
(b) Cash on Hand at Beginning of Reporting Period	280,325	
(c) Total Receipts (from Line 19)	868,350	868,350
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,148,675	1,148,675
7. Total Disbursements (from Line 30)	328,380	328,380
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	820,295	820,295
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	00	



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 (Revised 1/01)

Page 3

Write or Type Committee Name

PAL 9 NALC

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

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	86,835.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	86,835.00	86,835.00
(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 32, page 4)		
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 36, page 4)		
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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	86,835.00	86,835.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	86,835.00	86,835.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share	3380	3380
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3380	3380
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	150000	150000
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) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees	125000	125000
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50000	50000
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	328380	328380
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	325000	325000

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	00	00
33. Total Contribution Refunds (from Line 28(d))	00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	00	00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
36. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	00	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 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<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) **PALQNALC**

A.

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: _____

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) ▶ _____

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 1 OF 1

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

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NAME OF COMMITTEE (In Full) **PALQNALC**

A. Full Name (Last, First, Middle Initial) **SABO FOR CONGRESS**
 Mailing Address **11702 Selkirk Ave**
 City **BURNSVILLE** State **MN** Zip Code **55337**
 Purpose of Disbursement 011 Category/Type
 Candidate Name **MARTIN SABO**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **C00086728**
 State: District:

Date of Disbursement **06 04 2001**
 Amount of Each Disbursement this Period **1000.00**

B. Full Name (Last, First, Middle Initial) **LUTHER FOR CONGRESS**
 Mailing Address **1399 GENEVA AVENUE Suite #20**
 City **OAKDALE** State **MN** Zip Code **55128**
 Purpose of Disbursement 011 Category/Type
 Candidate Name **Bill Luther**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **C00165449**
 State: District:

Date of Disbursement **06 04 2001**
 Amount of Each Disbursement this Period **500.00**

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement Category/Type
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **C00165449**
 State: District:

Date of Disbursement
 Amount of Each Disbursement this Period

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 1 OF 1
	<input type="checkbox"/> 21b 25	<input type="checkbox"/> 22 27	<input type="checkbox"/> 23 28a	<input checked="" type="checkbox"/> 24 28b	<input type="checkbox"/> 26 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full) **PAL 9 NALL**

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement **02 16 2001**

Mailing Address **MN STATE DFL**
352 WACOUTA ST

City **ST. PAUL** State **MN** Zip Code **55101**

Purpose of Disbursement **Humphrey Dinner** Amount of Each Disbursement this Period **1,250.00**

Candidate Name _____ Category/Type **011**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

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: _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

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: _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) _____

1,250.00

**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 /
	<input type="checkbox"/> 1b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input checked="" type="checkbox"/> 28
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c		

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NAME OF COMMITTEE (In Full) **PALGNALC**

A.

Full Name (Last, First, Middle Initial) **ERHART VOL. Committee**

Date of Disbursement **03 / 20 / 2001**

Mailing Address **4120-115TH AVE NW**

City **COON RAPIDS MN** State **MN** Zip Code **55433**

Purpose of Disbursement **FUND RAISER** Category/Type **011**

Candidate Name **DAN ERHART**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **ANOKA COUNTY**

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **ANOKA COUNTY**

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **ANOKA COUNTY**

State: _____ 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 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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-16-01
<input type="checkbox"/> No Postmark	
<input 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>Set</i> PREPARER	7-26-01 DATE PREPARED