

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NALC PAL 9

Report Covering the Period: From: ^{MM / DD / YYYY} **01 01 2022** To: ^{MM / DD / YYYY} **12 31 2022**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{YYYY} 2022		, 11,827.25
(b) Cash on Hand at Beginning of Reporting Period.....	, 11,230.03	
(c) Total Receipts (from Line 19).....	, .	, 9,510.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 11,230.03	, 21,337.47
7. Total Disbursements (from Line 31).....	, 2,500.00	, 12,607.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 8,730.03	, 8,730.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, .	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, .	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NALC PAL9

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} **01 01 2022** To: ^{M M / D D / Y Y Y Y} **12 31 2022**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	,	9,010.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	,	9,010.22
(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.....	,	500.00
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)).....▶	,	9,510.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	,	9,510.22

NON-FEDERAL CONTRIBUTIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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))		1,0744
22. Transfers to Affiliated/Other Party Committees		70744
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	000.00	1,500.00
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 (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))	2,500.00	1,100,000
(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))	2,500.00	1,260,744
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2,500.00	1,260,744

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	00000	9,010.22
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00000	9,010.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		+ 07.44
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00000	8880.18

NONDISCLOSURE INFORMATION

**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 7
	<input type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input checked="" type="checkbox"/> 26 29	<input type="checkbox"/> 27 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)
NALC PAL 9

A.

Full Name (Last, First, Middle Initial): **Tim Walz**

Date of Disbursement: **01/12/2022**

Mailing Address: **PO Box 4337**

City: **St Paul** State: **Mn** Zip Code: **55104**

Purpose of Disbursement: **Contribution**

FEC Identification Number: **C**

Candidate Name: **Tim Walz**

Amount of Each Disbursement this Period: **500.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: _____

Memo Item: _____

B.

Full Name (Last, First, Middle Initial): **Minnesota DFL CAUCUS**

Date of Disbursement: **01/21/2022**

Mailing Address: **255 Plate Blvd**

City: **St Paul** State: **Mn** Zip Code: **55107**

Purpose of Disbursement: **Contribution**

FEC Identification Number: **C**

Candidate Name: _____

Amount of Each Disbursement this Period: **500.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Memo Item: _____

C.

Full Name (Last, First, Middle Initial): **Matt Little**

Date of Disbursement: **02/07/2022**

Mailing Address: **PO Box 650**

City: **Lakeville** State: **Mn** Zip Code: **55044**

Purpose of Disbursement: **Contribution**

FEC Identification Number: **C**

Candidate Name: **Matt Little**

Amount of Each Disbursement this Period: **500.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: _____

Memo Item: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **1,500.00**

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

2025 RELEASE UNDER E.O. 14176

**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 **7**

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

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NAME OF COMMITTEE (In Full)

NALC Pal 9

Full Name (Last, First, Middle Initial)

A. **2nd Congressional District DFL**

Mailing Address
11995 350th St Way

City **Lanes Falls** State **Mn** Zip Code **55009**

Purpose of Disbursement
Contribution

Candidate Name
2nd District

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

State: **Mn** District:

Date of Disbursement

02 07 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. **Minnesota DFL**

Mailing Address
255 Plate Blvd

City **St. Paul** State **Mn** Zip Code **55107**

Purpose of Disbursement
Humphrey/Mendale Dinner

Candidate Name

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

State: District:

Date of Disbursement

05 09 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1,250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. **Murphy Erin**

Mailing Address
PO Box 4656

City **St Paul** State **Mn** Zip Code **55104**

Purpose of Disbursement
Contribution

Candidate Name
Erin murphy

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

State: **Mn** District: **64**

Date of Disbursement

06 06 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Memo Item

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

2,250.00

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

2025 RELEASE UNDER E.O. 14176

**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 7

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)
NHLC PAL 9

A.

Full Name (Last, First, Middle Initial)
Newton Gerald F

Date of Disbursement
MM/DD/YYYY
06/07/2022

Mailing Address
12095 Dogwood St NW

City
Coon Rapids State
Mn Zip Code
55448

Purpose of Disbursement
Contribution

Candidate Name
Jerry Newton

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

State: Mn District: 37

FEC Identification Number
C

Amount of Each Disbursement this Period
250.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Walz Timothy

Date of Disbursement
MM/DD/YYYY
06/13/2022

Mailing Address
PO Box 4337

City
St PAU State
Mn Zip Code
55104

Purpose of Disbursement
Contribution

Candidate Name

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

State: Mn District:

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Stephenson Zack

Date of Disbursement
MM/DD/YYYY
06/24/2022

Mailing Address
PO Box 222

City
Champlin State
Mn Zip Code
55316

Purpose of Disbursement
Contribution

Candidate Name
Zack Stephenson

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

State: Mn District: 36A

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1,250.00

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 **4** OF **7**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)
NALC PAL9

Full Name (Last, First, Middle Initial) A. Brand Jeff		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2022
Mailing Address PO Box 473		FEC Identification Number C
City St Peter	State Mn	
Zip Code 56082		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution		
Candidate Name Jeff Brand		Memo Item <input type="checkbox"/>
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: 18A	

Full Name (Last, First, Middle Initial) B. Ellinson Keith		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2022
Mailing Address PO Box 17224		FEC Identification Number C
City Minneapolis	State Mn	
Zip Code 55417		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		
Candidate Name Keith Ellinson		Memo Item <input type="checkbox"/>
Office Sought: Attorney General <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: Mn	District:	

Full Name (Last, First, Middle Initial) C. Blaha Julie		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2022
Mailing Address PO Box 17083		FEC Identification Number C
City Minneapolis	State Mn	
Zip Code 55417		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution		
Candidate Name Julie Blaha		Memo Item <input type="checkbox"/>
Office Sought: State Auditor <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1,000.00
TOTAL This Period (last page this line number only).....▶	

NATIONAL POLITICAL UNION

**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 <u>5</u> OF <u>7</u>
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <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) NALC PAL 9

A.

Full Name (Last, First, Middle Initial) Minnesota DFL

Date of Disbursement: 08/07/2022

Mailing Address 255 Plato Blvd

City St Paul State MN Zip Code 55107

Purpose of Disbursement Women Leadership Category/Type C

Candidate Name Women Leadership

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Memo Item

B.

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

Date of Disbursement: 08/18/2022

Mailing Address PO Box 4217

City Hopkins State MN Zip Code 55343

Purpose of Disbursement Contribution Category/Type C

Candidate Name Steve Simon

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District: _____

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Memo Item

C.

Full Name (Last, First, Middle Initial) DFL 6th Congressional Committee

Date of Disbursement: 08/21/2022

Mailing Address 15931 Xenon St NW

City Ramsey State MN Zip Code 55343

Purpose of Disbursement Contribution Category/Type C

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) 1,500.00

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

UNIVERSITY MICROFILMS INTERNATIONAL

**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 7

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

NALC PAL 1

Full Name (Last, First, Middle Initial) A. Dimick Martha Holton			Date of Disbursement MM/DD/YYYY 09/20/2022
Mailing Address PO Box 3760			FEC Identification Number C
City Minneapolis	State Mn	Zip Code 55403	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 500.00
Candidate Name Martha Holton Dimick			
Office Sought: Hennepin County Attorney Mn	<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) ▼	Memo Item

Full Name (Last, First, Middle Initial) B. Putman Aric			Date of Disbursement MM/DD/YYYY 10/01/2022
Mailing Address PO Box 5012			FEC Identification Number C
City St. Cloud	State Mn	Zip Code 56302	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 500.00
Candidate Name Aric Putman			
Office Sought: mn	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item

Full Name (Last, First, Middle Initial) C. Ellinson Keith			Date of Disbursement MM/DD/YYYY 10/01/2022
Mailing Address PO Box 17224			FEC Identification Number C
City Minneapolis	State Mn	Zip Code 55417	
Purpose of Disbursement contribution			Amount of Each Disbursement this Period 500.00
Candidate Name Keith Ellinson			
Office Sought: Attorney General Mn	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item

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 **7** OF **7**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

NALC PAL 9

Full Name (Last, First, Middle Initial)

A. Minnesota DFL Senate Caucus

Date of Disbursement

Mailing Address **PO Box 76307**

10 04 2022

City **St Paul**

State **Mn**

Zip Code **55107**

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Minnesota DFL House Caucus

Date of Disbursement

Mailing Address **255 Plato Blvd**

10 04 2022

City **St Paul**

State **Mn**

Zip Code **55107**

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

1,000.00

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

2025 RELEASE UNDER E.O. 14176

**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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
NALC PAL 9

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stevenson

Mailing Address
PO Box 222

City **Champlin** State **MN** Zip Code **55316**

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) **Returned check**

Aggregate Year-to-Date

Date of Receipt
07/30/2022

Amount of Each Receipt this Period
500.00

Memo Item
Returned check

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
~~DFL 6th Congressional Committee~~

Mailing Address
15931 Xenon St NW

City **Ramsey** State **MN** Zip Code **55343**

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
12/24/2022

Amount of Each Receipt this Period
500.00

Memo Item
check never cashed

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item
check got cashed 12/28

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

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

NALC PAL 9

Full Name (Last, First, Middle Initial)

A. Wells Fargo			Date of Disbursement	
Mailing Address 8041 Brooklyn Blvd			02 22 2022	
City Brooklyn Park	State mn	Zip Code 55445	FEC Identification Number	
Purpose of Disbursement Stop Payment on check #25			C	
Candidate Name Bank Fee \$12			Amount of Each Disbursement this Period	
			37.00	
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) ▼		Memo Item	
State:	District:			

B. Wells Fargo			Date of Disbursement	
Mailing Address 8041 Brooklyn Blvd			05 24 2022	
City Brooklyn Park	State mn	Zip Code 55445	FEC Identification Number	
Purpose of Disbursement order blank checks			C	
Candidate Name			Amount of Each Disbursement this Period	
			70.44	
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) ▼		Memo Item	
State:	District:			

C.			Date of Disbursement	
Mailing Address				
City	State	Zip Code	FEC Identification Number	
Purpose of Disbursement			C	
Candidate Name			Amount of Each Disbursement this Period	
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) ▼		Memo Item	
State:	District:			

SUBTOTAL of Disbursements 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

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

NALC PAL 9

<p>A. Full Name (Last, First, Middle Initial) Schultz Jennifer</p>		<p>Date of Disbursement MM/DD/YYYY 04/10/2022</p>	
<p>Mailing Address PO Box 3218</p>		<p>FEC Identification Number C00810416</p>	
<p>City Duluth</p>	<p>State Mn</p>	<p>Zip Code 55803</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>Purpose of Disbursement Contribution</p>		<p>Category/Type</p>	<p>Memo Item</p>
<p>Candidate Name Jennifer Schultz</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: Mn District: 8</p>		
<p>B. Full Name (Last, First, Middle Initial) Ettinger Jeffrey</p>		<p>Date of Disbursement MM/DD/YYYY 06/06/2022</p>	
<p>Mailing Address PO Box 741</p>		<p>FEC Identification Number C00808329</p>	
<p>City Austin</p>	<p>State Mn</p>	<p>Zip Code 55912</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>Purpose of Disbursement Contribution</p>		<p>Category/Type</p>	<p>Memo Item</p>
<p>Candidate Name Jeffrey Ettinger</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: mn District: 1</p>		
<p>C. Full Name (Last, First, Middle Initial) Schultz Jennifer</p>		<p>Date of Disbursement MM/DD/YYYY 09/09/2022</p>	
<p>Mailing Address PO Box 3218</p>		<p>FEC Identification Number C00810416</p>	
<p>City Duluth</p>	<p>State Mn</p>	<p>Zip Code 55803</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>Purpose of Disbursement Contribution</p>		<p>Category/Type</p>	<p>Memo Item</p>
<p>Candidate Name Jennifer Schultz</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: Mn District: 8</p>		
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>		<p>TOTAL This Period (last page this line number only).....▶</p>	

NON-FEDERAL CONTRIBUTIONS

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt
1/6/23 1/20/23

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

WSD 1/20/23
 PREPARER DATE PREPARED

COMMUNICATIONS SECTION