

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC OFFICE USE ONLY CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

612 CHARLESTON OAKS DRIVE

(Check if address is changed)

BALLWIN MO 63021-7387

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

dieuieweir@aattb.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 05 2012

3. FEC IDENTIFICATION NUMBER

C00140772

4. IS THIS STATEMENT

NEW (N)

OR

A

AMENDED (A)

I certify that I have examined this Statement 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

[Handwritten Signature]

Date

07 05 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation
  - Corporation w/o Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

DAN J. GOULD BRANCH 343 NATIONAL ASSOCIATION OF LETTER CARRIERS Political Action Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

DAN J. GOULD BRANCH 343 NATIONAL ASSOCIATION of LETTER CARRIERS

Mailing Address

1600 S BROADWAY

ST. LOUIS MO 63104-

CITY

STATE

ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

MICHAEL T WEIR

Mailing Address

612 CHARLESTON OAKS DRIVE

BALLWIN MO 63021-7387

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 636-256-1927

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

MICHAEL T WEIR

Mailing Address

612 CHARLESTON OAKS DRIVE

BALLWIN MO 63021-7387

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 636-256-1927

12030841590

Full Name of Designated Agent

THOMAS E SCHULTZ

Mailing Address

7101 M 5TH STREET

ST CHARLES MD 63301

CITY STATE ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

636-255-3057

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC BANK

Mailing Address

15061 MANCHESTER ROAD

BALLWIN MD 63011

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

12030841591

Federal Election Commission  
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Hand Delivered Date of Receipt

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PREPARER  
(3/2005)

7/16/12  
DATE PREPARED

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