

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2011 JUL -8 AM 8:31

Office Use Only

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

ADDRESS (number and street)

Check if different  
than previously  
reported. (ACC)

C00114314 060906 N 215  
RON LAWRENCE  
NATIONAL ASSOCIATION OF LETTER  
CARRIERS OF UNITED STATES OF  
11581 ILEX ST NW  
COON RAPIDS MN 55448

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00114314

3. IS THIS REPORT NEW (N) OR AMENDED (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)

Mar 20 (M3)

Apr 20 (M4)

May 20 (M5)

Jun 20 (M6)

Jul 20 (M7)

Aug 20 (M8)

Sep 20 (M9)

Oct 20 (M10)

Nov 20 (M11) (Non-Election Year Only)

Dec 20 (M12) (Non-Election Year Only)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 04 01 2011 through 06 30 2011

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

07/01/2011

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

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**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:

04 01 2011

To:

06 30 2011

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2011	3,510.69
(b) Cash on Hand at Beginning of Reporting Period.....	14454.80
(c) Total Receipts (from Line 19).....	796.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15250.80
7. Total Disbursements (from Line 31).....	4000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11250.80
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

**PALGNALC**

Report Covering the Period: From:

To:

04 01 2011

To:

06 30 2011

## **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.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

79600

12,145.11

79600

12,145.11

(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).....▶

79600

12,145.11

### 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)).....▶

79600

12,145.11

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

79600

12,145.11

# **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)) .....
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 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 .....
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)) .....
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

2,000.00

2,000.00

2,000.00

2,405.00

4,000.00

4,405.00

4,000.00

4,405.00

# **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) .....	79600	1214511
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) .....		

11030621629

**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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

PAL9 NALC

Full Name (Last, First, Middle Initial)

A.

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

MM / DD / YY

Amount of Each Receipt this Period

Amount

Full Name (Last, First, Middle Initial)

B.

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

MM / DD / YY

Amount of Each Receipt this Period

Amount

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YY

Amount of Each Receipt this Period

Amount

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

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

01  
01

11030621630

**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 ☐ 30b

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NAME OF COMMITTEE (In Full)

PAL 9NALC

Full Name (Last, First, Middle Initial)

A. Ellison for Congress

Date of Disbursement

Mailing Address

P.O. Box 6072

06 08 2011

City

Mpls

State

Mn

Zip Code

55406

Purpose of Disbursement

Candidate Name

Keith ELLison

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: 5TH

Full Name (Last, First, Middle Initial)

B. Tim Walz for Congress

Date of Disbursement

Mailing Address

P.O. Box 938

06 24 2011

City

Mankato

State

Mn

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)

C.

Date of Disbursement

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).....▶

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 1 OF 3

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

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NAME OF COMMITTEE (In Full)

PAL9 NALC

Full Name (Last, First, Middle Initial)

A. Stenglein Vol. Committee

Mailing Address

2322 TAYLOR ST NE

City

MPLS

State

MN

Zip Code

55418

Purpose of Disbursement

Candidate Name

MARK Stenglein

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

HennCO Commissioner

Date of Disbursement

04 05 2011

Amount of Each Disbursement this Period

100.00

B. ERHART Vol. Committee

Mailing Address

4120 - 115TH Ave NW

City

Coon Rapids

State

MN

Zip Code

55433

Purpose of Disbursement

Candidate Name

Dan Erhart

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Anoka Co Commissioner

Date of Disbursement

04 05 2011

Amount of Each Disbursement this Period

100.00

C. Barb Johnson Vol. Committee

Mailing Address

4318 Xenxes Ave N

City

MPLS

State

MN

Zip Code

55412

Purpose of Disbursement

Candidate Name

Barb Johnson

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

MPLS City Council

Date of Disbursement

04 19 2011

Amount of Each Disbursement this Period

100.00

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

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

11030621632



**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 **3**

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

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NAME OF COMMITTEE (In Full)

**PAL9NALC**

Full Name (Last, First, Middle Initial)

A. **Mn State DFL**

Date of Disbursement

Mailing Address

**255 E PLATO BLVD**

**05 03 2011**

City

**St. Paul**

State

**Mn**

Zip Code

**55107**

Purpose of Disbursement

**Humphrey Dinner**

Candidate Name

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. **Mark Ritchie for Sec of State**

Date of Disbursement

Mailing Address

**P.O. Box 8431**

**05 26 2011**

City

**Mpls**

State

**Mn**

Zip Code

**55408**

Purpose of Disbursement

**Sec. of State Minnesota**

Candidate Name

**Mark Ritchie**

Category/  
Type

Amount of Each Disbursement this Period

**200.00**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

**Sec. of State Minnesota**

Full Name (Last, First, Middle Initial)

C. **Swanson for ATty General**

Date of Disbursement

Mailing Address

**P.O. Box 65490**

**06 10 2011**

City

**St. Paul**

State

**Mn**

Zip Code

**55165**

Purpose of Disbursement

Candidate Name

**Lori Swanson**

Category/  
Type

Amount of Each Disbursement this Period

**200.00**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

**ATTY GENERAL Minnesota**

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 **3** OF **3**

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

**PAL9NALC**

Full Name (Last, First, Middle Initial)

A. **3RD Congressional District DFL**

Mailing Address **8520 Emerson Ave S**

City **Bloomington** State **Mn** Zip Code **55420**

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

**06 24 2011**

Amount of Each Disbursement this Period

**300.00**

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

**2000.00**

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/1/11
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER

7/8/11  
DATE PREPARED