

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

100 JAN 21 AM 10 34

1. NAME OF COMMITTEE (in full) USE PEC MAILING LABEL OR TYPE OR PRINT Example: If typing type over the lines. 12FE&MS

ADDRESS (number and street) 000114314 091902 N 271 RON LAWRENCE NATIONAL ASSOCIATION OF LETTER CARRIERS OF UNITED STATES OF AMERICA 11562 LEXA ST NW DCUN RAPIDS MN 55449

Check if different than previously reported. (ADC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 000114314 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11/26/2002 through 12/31/2002

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 [Signature] Date 01/19/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2K (Revised 1/01)

Write or Type Committee Name

PAL 9 NALC

Report Covering the Period: From: 11 26 2002 To: 01 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1. 2002		705895
(b) Cash on Hand at Beginning of Reporting Period	449174	
(c) Total Receipts (from Line 19)	0	913334
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	449174	1619229
7. Total Disbursements (from Line 30)	0	1170055
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	449174	449174
9. Debt and Obligations Owed TO the Committee (Items 25 on Schedule C and/or Schedule D)	0	
10. Debt and Obligations Owed BY the Committee (Items 26 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 (Revised 1/01)

Write or Type Committee Name

PAL 9 NALC

Report Covering the Period:

From:

11/26/2002

To:

01/31/2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individual/Persons Other Than Political Committees (i) Itemized (see Schedule A) .....	0	913334
(ii) Unitemized .....	0	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	0	
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c); Carry Totals to Line 3E, page 4) .....	0	913334
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Reimburse, Rebates, etc.) (Carry Totals to Line 3E, 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) .....	0	913334
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	0	913334

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Revised 1/01)

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		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	5055
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	9200.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441(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))	0	2450.00
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	0	11700.55
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	0	11700.55
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	0	913334
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

# 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 checked="" 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"/> 18

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): **PALGRAND**

**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)

Signature and Date

**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"/> 21b <input type="checkbox"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 22b	<input type="checkbox"/> 25 <input type="checkbox"/> 22c	<input type="checkbox"/> 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) **PALM NALC**

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

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: \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

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: \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

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: \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (see page this line number only) \_\_\_\_\_

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 (R/C)
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Ann 10</i> PREPARER	<i>1-21-03</i> DATE PREPARED