

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEB MAIL CENTER 2016 JUL 12 AM 10:18

Office Use Only

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

12FE4M5

2. ADDRESS (number and street)

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

Check if different than previously reported. (ACC)

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), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM/DD/YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM/DD/YYYY] in the State of []

5. Covering Period

04 / 01 / 2016 through 06 / 30 / 2016

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 / 06 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PAL 9 NALC

Report Covering the Period:

From:

04 ' 01 ' 2016

To:

06 ' 30 ' 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		, 10,774.03
(b) Cash on Hand at Beginning of Reporting Period.....	, 19,007.19	
(c) Total Receipts (from Line 19).....	, 650.00	, 10,503.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 19,657.19	, 21,277.19
7. Total Disbursements (from Line 31).....	, 1,500.00	, 3,120.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 18,157.19	, 18,157.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, 0.00	

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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

PAL9NALC

Report Covering the Period: From:

04^M 01^D 2016^Y

To:

06^M 30^D 2016^Y

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))..... ▶	650.00	10,503.16
(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)..... ▶	650.00	10,503.16
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))..... ▶	650.00	10,503.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	650.00	10,503.16

20160710 11:00 AM 000081740

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)	,	,

NON-FEDERAL SHARE

- 0 -

- 0 -

- 0 -

500.00

1,500.00

2,620.00

1,500.00

3,120.00

1,500.00

3,120.00

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)	650.00	10,503.16
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)	,	,

2016-07-12 03:00:08 1748

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

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)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	, 101
TOTAL This Period (last page this line number only).....▶	, 101

2010-07-12 10:00:00 AM

**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 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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	

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**

A. Full Name (Last, First, Middle Initial) Barb Johnson Vol. Comm.		Date of Disbursement 04 ' 14 ' 2016
Mailing Address 4318 Xenxes Ave N		Amount of Each Disbursement this Period 250.00
City MPLS	State MN	
Zip Code 55412		
Purpose of Disbursement Fund Raiser		
Candidate Name Barb Johnson		Category/ Type
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 checked="" type="checkbox"/> Other (specify) Mpls City Council	
State: District:		

B. Full Name (Last, First, Middle Initial) Mike Freeman Comm.		Date of Disbursement 05 ' 24 ' 2016
Mailing Address P.O. Box 2066		Amount of Each Disbursement this Period 250.00
City MPLS	State Mn	
Zip Code 55402		
Purpose of Disbursement Fund Raiser		
Candidate Name Mike Freeman		Category/ Type
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 checked="" type="checkbox"/> Other (specify) Henn County Attorney	
State: District:		

C. Full Name (Last, First, Middle Initial) Lori Swanson for Atty. General		Date of Disbursement 05 ' 31 ' 2016
Mailing Address P.O. Box 7066		Amount of Each Disbursement this Period 500.00
City St. Paul	State MN	
Zip Code 55107		
Purpose of Disbursement Fund Raiser		
Candidate Name Lori Swanson		Category/ Type
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 checked="" type="checkbox"/> Other (specify) MN Atty. General	
State: District:		

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

20160712 01:00:11 AM

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>2</u> OF <u>2</u>
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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	

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) **PAL 9NALC**

A. Full Name (Last, First, Middle Initial) BAKK for Senate		Date of Disbursement 06 ' 21 ' 2016
Mailing Address P.O. Box 444		
City COOK	State MN	Zip Code 55723
Purpose of Disbursement Fund Raiser	Candidate Name TOM BAKK	Category/ Type
Of/Ace Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MN	District: 03	Amount of Each Disbursement this Period , 500.00

B. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Category/ Type
Of/Ace 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) ▼	
State:	District:	Amount of Each Disbursement this Period , , .

C. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Category/ Type
Of/Ace 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) ▼	
State:	District:	Amount of Each Disbursement this Period , , .

SUBTOTAL of Disbursements This Page (optional).....▶	, 500.00
TOTAL This Period (last page this line number only).....▶	, 1,500.00

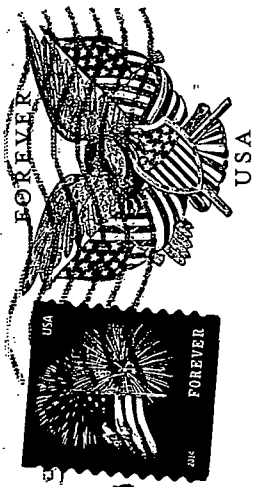
2016-07-14 10:00:00 AM

2016 JUL 12 AM 10:18



9
POLITICAL ACTION LEAGUE
Ron Lawrence, Treasurer
11581 Ilex Street N.W.
Coon Rapids, MN 55448-2316

RECEIVED
REC MAIL CENTER
2016 JUL 12 AM 10:18

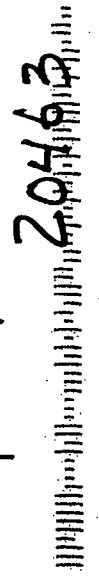


MINNEAPOLIS MN 55401
06 JUL 2016 PM

Federal Election Commission
999 E. STREET NW
Washington, DC

ATTN: Nicole Miller

20463-



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	Date of Receipt 7/6/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	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
(3/2015)



7/12/16
DATE PREPARED

2015-07-12 10:00:00 AM