

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
APR 9 12 42 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)

CO0114314 030498 N 268

AI RON LAWRENCE
NATIONAL ASSOCIATION OF LETTER
CARRIERS OF UNITED STATES OF

G 115B1 ILEX ST NW
COON RAPIDS MN 55448

2. FEC IDENTIFICATION NUMBER
CO0114314

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|---|
| 5. Covering Period <u>1/1/98</u> through <u>3/31/98</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>98</u> | | \$ 9554.31 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 9554.31 | |
| (c) Total Receipts (from Line 19) | \$ 7830.25 | \$ 7830.25 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 17384.56 | \$ 17384.56 |
| 7. Total Disbursements (from Line 30) | \$ 1568.05 | \$ 1568.05 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 15816.51 | \$ 15816.51 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - 0 - | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - 0 - | |

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 Ron Lawrence Treasurer Date 4/6/98

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE PAL 9 | REPORT COVERING PERIOD FROM 1/1/98 TO: 3/31/98 | |
|--|---|---------------------------|
| | COLUMN A Total This Period | COLUMN B Calendar Year |
| I Receipts | | |
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | | 11(a) |
| ii. Unitemized | 7830.25 | 7830.25 |
| iii. Total | 7830.25 | 7830.25 |
| b. Political Party Committees | | 11(b) |
| c. Other Political Committees (such as PACs) | | 11(c) |
| d. Total Contributions | | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | | 12 |
| 13. All Loans Received | | 13 |
| 14. Loan Repayments Received | | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | 18 |
| 19. Total Receipts | 7830.25 | 7830.25 |
| 20. Total Federal Receipts | 7830.25 | 7830.25 |
| II Disbursements | | |
| 21. Operating Expenditures: | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| i. Federal Share | | 21(a) |
| ii. Non-Federal Share | | 21(b) |
| b. Other Federal Operating Expenditures | | 21(c) |
| c. Total Operating Expenditures | | 21(d) |
| 22. Transfers to Affiliated/Other Party Committees | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 1550.00 | 1550.00 |
| 24. Independent Expenditures (use Schedule E) | | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .. | | 25 |
| 26. Loan Repayments Made | | 26 |
| 27. Loans Made | | 27 |
| 28. Refunds of Contributions To: | | |
| a. Individual/Persons Other Than Political Committees | | 28(a) |
| b. Political Party Committees | | 28(b) |
| c. Other Political Committees (such as PACs) | | 28(c) |
| d. Total Contribution Refunds | | 28(d) |
| 29. Other Disbursements | 18.05 | 18.05 |
| 30. Total Disbursements | 1568.05 | 1568.05 |
| 31. Total Federal Disbursements | 1568.05 | 1568.05 |
| III Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans)(from line 11d) | | 32 |
| 33. Total Contribution Refunds (from line 28d) | | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | 34 |
| 35. Total Federal Operating Expenditures | | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | | 36 |
| 37. Net Operating Expenditures | | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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 9

| A. Full Name, Mailing Address and ZIP Code — 0 — Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|-------------------------|------------------------------------|
| B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

SUBTOTAL of Receipts This Page (optional) — 0 —
 TOTAL This Period (last page this line number only) — 0 —

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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 9

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| AMY KLOBUCHAR VOL. COMM P.O. Box 2071, Loop Station MPLS, MN 55402 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 1/7/98 | 300.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| MINNESOTA STATE DFL 352 WACOUTA ST ST. PAUL, MN 55101 | HUMPHREY DINNER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 3/3/98 | 1250.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

1550.00


LOANS

| | | | |
|---|--------------------------------------|---------------------------------------|--|
| Name of Committee (in Full) PAL 9 | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | [Hatched Area] | [Hatched Area] |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| B. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ | | | |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item B | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | [Hatched Area] | [Hatched Area] |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| SUBTOTALS This Period This Page (optional) _____ | | | — 0 — |
| TOTALS This Period (last page in this line only) _____ | | | — 0 — |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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 4-6-98 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input 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 and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
|  PREPARER | 4-9-98 DATE PREPARED |