

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2015 JUL 13 AM 10:00
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)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Convention (12C)

Special (12S)

Report for the:

Election on

in the
State of

(d) 30-Day

General (30G)

Runoff (30R)

Special (30S)

Report for the:

Election on

in the
State of

5. Covering Period

01 / 01 / 2015

through

06 / 30 / 2015

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

03

2015

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:

01 01 2015

To:

06 30 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2 0 1 5		9,955.17
(b) Cash on Hand at Beginning of Reporting Period.....	9,955.17	
(c) Total Receipts (from Line 19).....	12,475.21	12,475.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22,430.38	22,430.38
7. Total Disbursements (from Line 31).....	3,925.28	3,925.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18,505.10	18,505.10
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

PAL9NALC

Report Covering the Period: From: **01 / 01 / 2015** To: **06 / 30 / 2015**

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).....	80000	80000
(ii) Unitemized.....	1167521	1167521
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1247521	1247521
(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).....▶	1247521	1247521
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)).....▶	1247521	1247521
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1247521	1247521

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.....	3528	3528
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3528	3528
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,500.00	2,500.00
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	1,390.00	1,390.00
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))..	3,925.28	3,925.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,925.28	3,925.28

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)	12,475.21	12,475.21
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)	,	,

NON-PROFIT CORPORATION

**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	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 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) **PAL9NALC**

A. Full Name (Last, First, Middle Initial) **Betsy Hodges for Mayor**
 Mailing Address **P.O. Box 8690**
 City **Mpls** State **MN** Zip Code **55408**
 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 **11 / 22 / 2013**
 Amount of Each Receipt this Period **500.00**
Check Returned

B. Full Name (Last, First, Middle Initial) **Friends of Peter McLaughlin**
 Mailing Address **3425-16TH Aves**
 City **Mpls** State **Mn** Zip Code **55406**
 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 **02 / 12 / 2014**
 Amount of Each Receipt this Period **200.00**
Check Returned

C. Full Name (Last, First, Middle Initial) **Committee To Elect John Hoffman**
 Mailing Address **6720-110TH Aven**
 City **Champlin** State **Mn** Zip Code **55316**
 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 **02 / 10 / 2014**
 Amount of Each Receipt this Period **1000.00**
check Returned

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	800.00

**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 / OF /	
	<input checked="" type="checkbox"/> 21e	<input type="checkbox"/> 22	<input 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"/> 30a	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full) **PAL9NALC**

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank		Date of Disbursement 01 / 26 / 2015
Mailing Address		Amount of Each Disbursement this Period 3528
City Coon Rapids	State MN Zip Code 55448	
Purpose of Disbursement	Candidate Name	
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 type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	Candidate Name	
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 type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	Candidate Name	
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 type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	3528
TOTAL This Period (last page this line number only).....▶	3528

**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)

PAL9 NALC

Full Name (Last, First, Middle Initial)

A. **Teamster Joint Council 32**

Date of Disbursement

02 05 2015

Mailing Address

3001 University Ave SE Suite 510

City

MPLS

State

Mn

Zip Code

55414

Purpose of Disbursement

Teamster Lunch

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

140.00

Of/Ace Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **Mn STATE DFL**

Date of Disbursement

04 02 2015

Mailing Address

255 E. PLATO Blvd

City

St. Paul

State

Mn

Zip Code

55107

Purpose of Disbursement

HHH - Mondale Dinner

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1,250.00

Of/Ace Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Of/Ace Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

1390.00

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

1390.00

NOTATION: THIS FORM IS BEING REPRODUCED

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				
	<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

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NAME OF COMMITTEE (In Full) **PALGNALC**

Full Name (Last, First, Middle Initial) A. NOLAN for Congress		Date of Disbursement 01 24 2015	
Mailing Address P.O. Box 1041		Amount of Each Disbursement this Period 1,000.00	
City Brainerd	State Mn		Zip Code 56401
Purpose of Disbursement Fund Raiser			Category/ Type
Candidate Name Rich NOLAN			
Of/Ace Sought: <input checked="" 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) ▼		
State: Mn	District: 8TH		

Full Name (Last, First, Middle Initial) B. EMMER for Congress		Date of Disbursement 02 13 2015	
Mailing Address P.O. Box 998		Amount of Each Disbursement this Period 500.00	
City Anoka	State Mn		Zip Code 55303
Purpose of Disbursement Fund Raiser			Category/ Type
Candidate Name TOM EMMER			
Of/Ace Sought: <input checked="" 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) ▼		
State: Mn	District: 6TH		

Full Name (Last, First, Middle Initial) C. Ellison for Congress		Date of Disbursement 02 24 2015	
Mailing Address P.O. Box 6072		Amount of Each Disbursement this Period 1,000.00	
City Mpls	State Mn		Zip Code 55406
Purpose of Disbursement Fund Raiser			Category/ Type
Candidate Name Keith Ellison			
Of/Ace Sought: <input checked="" 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) ▼		
State: Mn	District: 5TH		

SUBTOTAL of Disbursements This Page (optional).....▶	2,500.00
TOTAL This Period (last page this line number only).....▶	2,500.00

NON-FINANCIAL INFORMATION

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt
7/3/15 7/13/15

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

7/13/15
 DATE PREPARED

NON-PROFIT CORPORATION