

FEC  
FORM 3X

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

RECEIVED  
FEC MAIL CENTER

2009 JUL 10 A 8:43  
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  
PRE-Election  
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

01 01 2009

through

06 30 2009

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 2009

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

**PAL 9NALC**

Report Covering the Period:

From:

**01 01 2009**

To:

**06 30 2009**

**COLUMN A  
This Period**

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

6. (a) Cash on Hand  
January 1, **2009**

**728944**

(b) Cash on Hand at  
Beginning of Reporting Period.....

**728944**

(c) Total Receipts (from Line 19).....

**1192100**

**1192100**

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

**1921044**

**1921044**

7. Total Disbursements (from Line 31).....

**360000**

**360000**

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

**1561044**

**1561044**

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 2009

To:

06 30 2009

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)).....▶

11,921.00

11,921.00

(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).....▶

11,921.00

11,921.00

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)).....▶

11,921.00

11,921.00

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

11,921.00

11,921.00

# **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 .....	85000	85000
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 .....	275000	275000
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)) ..	360000	360000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	360000	360000

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
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) .....▶

11921.00

11921.00

29030111765

**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)

PAL9NALC

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

— 0 —

29030111766

**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 4

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

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NAME OF COMMITTEE (In Full)

PAL9 NALL

Full Name (Last, First, Middle Initial)

A. Friends of Peter McLaughlin

Date of Disbursement

01 21 2009

Mailing Address

3425 - 16TH Ave S

City

MPLS

State

MN

Zip Code

55407

Purpose of Disbursement

Henn. County Commissioner

Candidate Name

Peter McLaughlin

Category/  
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Diane Hofstede for City Council

Date of Disbursement

02 10 2009

Mailing Address

610 Ramsey St. NE

City

MPLS

State

MN

Zip Code

55413

Purpose of Disbursement

City Council

Candidate Name

Diane Hofstede

Category/  
Type

Amount of Each Disbursement this Period

300.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Senate Dist# 23 DFL

Date of Disbursement

03 06 2009

Mailing Address

505 N. Riverfront Drive

City

MANKATO

State

MN

Zip Code

56001

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

300.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

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

700.00

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 **2** OF **4**

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

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NAME OF COMMITTEE (In Full)

**PAL 9 NALC**

Full Name (Last, First, Middle Initial)

A. **MN State DFL**

Date of Disbursement

Mailing Address

**255 E. Plato Blvd**

**03 11 2009**

City

**St. Paul**

State

**MN**

Zip Code

**55107**

Purpose of Disbursement

**Humphrey Dinner**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**1,250.00**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **ERHART Vol. Committee**

Date of Disbursement

Mailing Address

**4120 - 115TH Ave NW**

**03 31 2009**

City

**Coon Rapids**

State

**MN**

Zip Code

**55433**

Purpose of Disbursement

**Anoka County Commissioner**

Candidate Name

**DAN ERHART**

Category/  
Type

Amount of Each Disbursement this Period

**10000**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. **Vol. for Elizabeth Glidden**

Date of Disbursement

Mailing Address

**4006 Blaisdell Ave S**

**04 02 2009**

City

**Mpls,**

State

**MN**

Zip Code

**55409**

Purpose of Disbursement

**Mpls City Council**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**15000**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

**150000**

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

28030111768



**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 4

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

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NAME OF COMMITTEE (In Full)

**PAL 9 NALC**

Full Name (Last, First, Middle Initial)

A. **Sandy Colvin Roy for City Council**

Mailing Address

**4116-32ND Ave S**

City

**MPLS**

State

**MN**

Zip Code

**55406**

Purpose of Disbursement

**MPLS City Council**

Candidate Name

**Sandy Colvin Roy**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**04 02 2009**

Amount of Each Disbursement this Period

**150.00**

Full Name (Last, First, Middle Initial)

B. **Neighbors for Gary Schiff**

Mailing Address

**3215-23RD Ave S**

City

**MPLS**

State

**MN**

Zip Code

**55407**

Purpose of Disbursement

**MPLS City Council**

Candidate Name

**Gary Schiff**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**04 02 2009**

Amount of Each Disbursement this Period

**150.00**

Full Name (Last, First, Middle Initial)

C. **Barb Johnson Vol. Committee**

Mailing Address

**4318 Xenxes Ave N**

City

**MPLS**

State

**MN**

Zip Code

**55412**

Purpose of Disbursement

**MPLS City Council**

Candidate Name

**Barb Johnson**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**05 01 2009**

Amount of Each Disbursement this Period

**150.00**

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

**450.00**

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 **4** OF **4**

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PAL 9 NALC**

Full Name (Last, First, Middle Initial)

A. **Friends of PAUL Meunier**

Date of Disbursement

**06 15 2009**

Mailing Address

**3020 - 160TH LANE NE**

City

**HAM LAKE MN**

State

Zip Code

**55304**

Purpose of Disbursement

**SENATE 49**

Candidate Name

**PAUL Meunier**

Category/  
Type

Amount of Each Disbursement this Period

**10000**

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State: **MN**

District: **49**

Full Name (Last, First, Middle Initial)

B.

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:

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).....▶

**10000**

**275000**

**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. Friends of Jim Oberstar

Mailing Address

1017- 8TH ST. NE

City

Washington DC

State

Zip Code

20002

Purpose of Disbursement

Candidate Name

Jim Oberstar

Category/  
Type

Office Sought:

☒ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District: 8

Date of Disbursement

01 21 2009

Amount of Each Disbursement this Period

25000

Full Name (Last, First, Middle Initial)

B. Peterson for Congress

Mailing Address

26192 Floyd Lake Point Rd

City

Detroit Lakes MN

State

Zip Code

56501

Purpose of Disbursement

Candidate Name

Collin Peterson

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: M

District: 7

Date of Disbursement

02 10 2009

Amount of Each Disbursement this Period

50000

Full Name (Last, First, Middle Initial)

C. Peterson for Congress

Mailing Address

26192 Floyd Lake Point Rd

City

Detroit Lakes MN

State

Zip Code

56501

Purpose of Disbursement

Candidate Name

Collin Peterson

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District: 7

Date of Disbursement

06 25 2009

Amount of Each Disbursement this Period

10000

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

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

85000

29030111771

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 7/1/09
<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
ED PREPARER (3/2005)	7/10/09 DATE PREPARED

29030111772