

**FEC  
FORM 3X**

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

Copy  
1-FEC  
1-File

RECEIVED  
FEC MAIL CENTER

2020 (Use Only) AH 10-1-2

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NATIONAL ASSOCIATION OF LETTER  
CARRIERS OF UNITED STATES OF

ADDRESS (number and street) 7032 Jersey Avenue N  
BROOKLYN PARK MN 55428  
BROOKLYN PARK MN 55428

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYY in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 JAMES F FODSTAD

Signature of Treasurer *James F Fodstad* Date MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**PAL 9NALC**

Report Covering the Period: From: 

M	M
0	1

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	9

 To: 

M	M
1	2

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	1	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																				
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	1	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>4</td><td>3</td><td>5</td><td>2</td><td>5</td></tr></table>	7	4	3	5	2	5	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>4</td><td>3</td><td>5</td><td>2</td><td>5</td></tr></table>	7	4	3	5	2	5
Y	Y	Y	Y																			
2	0	1	9																			
7	4	3	5	2	5																	
7	4	3	5	2	5																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>4</td><td>3</td><td>5</td><td>2</td><td>5</td></tr></table>	7	4	3	5	2	5															
7	4	3	5	2	5																	
(c) Total Receipts (from Line 19) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>5</td><td>1</td><td>9</td><td>1</td><td>9</td></tr></table>	1	0	5	1	9	1	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>5</td><td>1</td><td>9</td><td>1</td><td>9</td></tr></table>	1	0	5	1	9	1	9						
1	0	5	1	9	1	9																
1	0	5	1	9	1	9																
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>7</td><td>9</td><td>5</td><td>4</td><td>4</td><td>4</td></tr></table>	1	7	9	5	4	4	4	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>7</td><td>9</td><td>5</td><td>4</td><td>4</td><td>4</td></tr></table>	1	7	9	5	4	4	4						
1	7	9	5	4	4	4																
1	7	9	5	4	4	4																
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>1</td><td>1</td><td>2</td><td>5</td><td>4</td></tr></table>	1	0	1	1	2	5	4	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>1</td><td>1</td><td>2</td><td>5</td><td>4</td></tr></table>	1	0	1	1	2	5	4						
1	0	1	1	2	5	4																
1	0	1	1	2	5	4																
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>8</td><td>4</td><td>1</td><td>9</td><td>4</td></tr></table>	7	8	4	1	9	4	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>8</td><td>4</td><td>1</td><td>9</td><td>4</td></tr></table>	7	8	4	1	9	4								
7	8	4	1	9	4																	
7	8	4	1	9	4																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>—</td><td>0</td><td>—</td></tr></table>	—	0	—																		
—	0	—																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>—</td><td>0</td><td>—</td></tr></table>	—	0	—																		
—	0	—																				

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

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**PAL9NALC**

Report Covering the Period: From: 

M	M
01	01

 / 

Y	Y	Y	Y
20	19		

 To: 

M	M
12	31

 / 

Y	Y	Y	Y
20	19		

**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).....

-0-

-0-

(ii) Unitemized .....

1051919

1051919

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

1051919

1051919

(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).....▶

1051919

1051919

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)).....▶

1051919

1051919

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

1051919

1051919

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	- 0 -	- 9 -
(ii) Non-Federal Share .....	- 9 -	- 0 -
(b) Other Federal Operating Expenditures .....	- 0 -	- 0 -
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10840	10840
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	500.00	500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations) .....	950410	950410
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1011250	1011250
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1011250	1011250

NON-FEDERAL DONATIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	105,191.9	105,191.9
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

NONPROFIT ORGANIZATION

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  
 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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **101**

**TOTAL** This Period (last page this line number only).....▶ **101**

**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 6		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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

**A. Melissa Hortman Campaign Committee**

Full Name (Last, First, Middle Initial) **Melissa Hortman Campaign Committee**

Date of Disbursement **01 / 02 / 2019**

Mailing Address **8710 Windsor Ter**

City **Brooklyn Park** State **MN** Zip Code **55443**

Purpose of Disbursement **FUND RAISER** Category/Type **C**

Candidate Name **Melissa Hortman**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: **MN** District: **36B**

FEC Identification Number **C**

Amount of Each Disbursement this Period **50000**

Memo Item

**B. BAKK (TOM) for Senate**

Full Name (Last, First, Middle Initial) **BAKK (TOM) for Senate**

Date of Disbursement **01 / 02 / 2019**

Mailing Address **P.O. Box 444**

City **Cook** State **MN** Zip Code **55723**

Purpose of Disbursement **FUND RAISER** Category/Type **C**

Candidate Name **TOM BAKK**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: **MN** District: **03**

FEC Identification Number **C**

Amount of Each Disbursement this Period **50000**

Memo Item

**C. CD 6 DFL**

Full Name (Last, First, Middle Initial) **CD 6 DFL**

Date of Disbursement **02 / 01 / 2019**

Mailing Address **15931 Xenon St NW**

City **Ramsey** State **MN** Zip Code **55303**

Purpose of Disbursement **FUND RAISER** Category/Type **C**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

FEC Identification Number **C**

Amount of Each Disbursement this Period **50000**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) **150000**

**TOTAL** This Period (last page this line number only) **150000**

**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 **6**

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**PAL9NALC**

Full Name (Last, First, Middle Initial)

**A. Teamsters Joint Council 32**

Mailing Address

**3001 University Ave SE Suite 510**

City

**MPLS**

State

**Mn**

Zip Code

**55414**

Purpose of Disbursement

**Teamster Luncheon**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**02 / 25 / 2019**

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**154.00**

Memo Item

Full Name (Last, First, Middle Initial)

**B. Minnesota STATE DFL**

Mailing Address

**255 PLATO BLVD**

City

**ST. PAUL**

State

**MN**

Zip Code

**55107**

Purpose of Disbursement

**Humphrey-Mondale Dinner**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**04 / 04 / 2019**

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**1250.00**

Memo Item

Full Name (Last, First, Middle Initial)

**C. BAKK (Tom) For Senate**

Mailing Address

**P.O. Box 444**

City

**COOK**

State

**Mn**

Zip Code

**55723**

Purpose of Disbursement

**Fund Raiser**

Candidate Name

**TOM BAKK**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **MN**

District: **03**

Date of Disbursement

**05 / 23 / 2019**

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**500.00**

Memo Item

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

**1904.00**

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

**1904.00**



**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 <b>3</b> OF <b>6</b>
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <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) **PALGNALC**

**A. Tim WALZ for GOVERNOR**

Full Name (Last, First, Middle Initial) **Tim WALZ for GOVERNOR**

Date of Disbursement **06 / 07 / 2019**

Mailing Address **110 Liberty St**

City **MANKATO** State **MN** Zip Code **56001**

Purpose of Disbursement **Fund RAISER** Category/Type

Candidate Name **TIM WALZ** Amount of Each Disbursement this Period **500.00**

Office Sought:  House  Senate  President **GOVERNOR**

Disbursement For:  Primary  General  Other (specify) **GOVERNOR**

State: **MN** District: \_\_\_\_\_

Memo Item

**B. Keith Ellison for Atty General**

Full Name (Last, First, Middle Initial) **Keith Ellison for Atty General**

Date of Disbursement **06 / 12 / 2019**

Mailing Address **P.O. Box 80824**

City **MPLS** State **Mn** Zip Code **55408**

Purpose of Disbursement **Fund RAISER** Category/Type

Candidate Name **Keith Ellison** Amount of Each Disbursement this Period **500.00**

Office Sought:  House  Senate  President **ATTY GENERAL**

Disbursement For:  Primary  General  Other (specify) **ATTY GENERAL**

State: **MN** District: \_\_\_\_\_

Memo Item

**C. Mn for Julie Blaha**

Full Name (Last, First, Middle Initial) **Mn for Julie Blaha**

Date of Disbursement **06 / 21 / 2019**

Mailing Address **15425 ELAND ST NW**

City **Ramsey** State **MN** Zip Code **55303**

Purpose of Disbursement **Fund RAISER** Category/Type

Candidate Name **JULIE BLAHA** Amount of Each Disbursement this Period **500.00**

Office Sought:  House  Senate  President **STATE Auditor**

Disbursement For:  Primary  General  Other (specify) **STATE Auditor**

State: **MN** District: \_\_\_\_\_

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... **1,500.00**

**TOTAL** This Period (last page this line number only)..... **1,500.00**

**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 4 OF 6
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <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) **PALGNALC**

**A. Mike Nelson Vol. Committee**

Full Name (Last, First, Middle Initial) **Mike Nelson Vol. Committee**

Date of Disbursement **07 / 22 / 2019**

Mailing Address **7441 Hampshire Aven**

City **Brooklyn Park** State **MN** Zip Code **55428**

Purpose of Disbursement **Fund Raiser** Category/Type **C**

Candidate Name **Mike Nelson**

Amount of Each Disbursement this Period **50000**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: **MN** District: **40A**

Memo Item

**B. TABKE (BRAD) FOR MN**

Full Name (Last, First, Middle Initial) **TABKE (BRAD) FOR MN**

Date of Disbursement **07 / 22 / 2019**

Mailing Address **1584 HARVEST Ln**

City **Shakopee** State **Mn** Zip Code **55379**

Purpose of Disbursement **Fund Raiser** Category/Type **C**

Candidate Name **BRAD TABKE**

Amount of Each Disbursement this Period **50000**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: **MN** District: **55A**

Memo Item

**C. Citizens FOR (DAN) SPARKS**

Full Name (Last, First, Middle Initial) **Citizens FOR (DAN) SPARKS**

Date of Disbursement **07 / 22 / 2019**

Mailing Address **2009-7TH AVE SE**

City **Austin** State **MN** Zip Code **55912**

Purpose of Disbursement **Fund Raiser** Category/Type **C**

Candidate Name **DAN SPARKS**

Amount of Each Disbursement this Period **50000**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: **MN** District: **27**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... **150000**

**TOTAL** This Period (last page this line number only)..... **150000**

**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 <b>5</b> OF <b>6</b>
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**PAL9 NALC**

Full Name (Last, First, Middle Initial) <b>A. JAKE FRIDLEY</b>		Date of Disbursement <b>08 / 07 / 2019</b>
Mailing Address <b>482 Rice Creek Terrace</b>		FEC Identification Number <b>C</b>
City <b>Fridley</b>	State <b>MN</b>	Zip Code <b>55432</b>
Purpose of Disbursement <b>JASON KARNOPP</b>		Amount of Each Disbursement this Period <b>600.00</b>
Candidate Name <b>JASON KARNOPP</b>		Category/Type <b></b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b></b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b></b>	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. TIM WALZ FOR GOVERNOR</b>		Date of Disbursement <b>08 / 27 / 2019</b>
Mailing Address <b>110 Liberty ST</b>		FEC Identification Number <b>C</b>
City <b>Mankato</b>	State <b>Mn</b>	Zip Code <b>56001</b>
Purpose of Disbursement <b>FUND RAISER</b>		Amount of Each Disbursement this Period <b>500.00</b>
Candidate Name <b>TIM WALZ</b>		Category/Type <b></b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>Mn</b> District: <b></b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b></b>	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Mn State DFL</b>		Date of Disbursement <b>10 / 25 / 2019</b>
Mailing Address <b>255 EAST PLATO BLVD</b>		FEC Identification Number <b>C</b>
City <b>ST. PAUL</b>	State <b>Mn</b>	Zip Code <b>55107</b>
Purpose of Disbursement <b>FOUNDERS DAY DINNER</b>		Amount of Each Disbursement this Period <b>1,250.00</b>
Candidate Name <b></b>		Category/Type <b></b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b></b> District: <b></b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b></b>	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....	<b>2,350.00</b>
TOTAL This Period (last page this line number only).....	<b>2,350.00</b>

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 9NALC**

**A.** Full Name (Last, First, Middle Initial) **STEPHENSON (ZACHARY) HOUSE COMMITTEE**

Date of Disbursement **11 / 18 / 2019**

Mailing Address **P.O. Box 222**

City **Champlin** State **Mn** Zip Code **55316**

Purpose of Disbursement **Fund Raiser** Category/Type **C**

Candidate Name **Zachary Stephenson**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **▼**

State: **MN** District: **36A**

Amount of Each Disbursement this Period **500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... **500.00**

**TOTAL** This Period (last page this line number only)..... **500.00**

**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 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)

**PAL9NALC**

Full Name (Last, First, Middle Initial)

**A. Angie CRAIG for Congress**

Mailing Address **P.O. Box 22116**

City **Eagan** State **Mn** Zip Code **55122**

Purpose of Disbursement **Fund Raiser**

Candidate Name **Angie CRAIG**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**  
 State: **Mn** District: **02**

Date of Disbursement

**08 / 27 / 2019**

FEC Identification Number

**CH6MN021311**

Amount of Each Disbursement this Period

**500.00**

Memo Item

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**  
 State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

**500.00**

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

**500.00**

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