

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 1 12 25 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

ported

2. FEC IDENTIFICATION NUMBER
C-00213645

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CARRERA SATIENED EXPIRE 1-1-94

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

- Twelfth day report preceding _____ (Type of Election) election on _____ In the State of _____
- Thirtieth day 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>7-1-93</u> through <u>2-21-94</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 17,495.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,839.30	
(c) Total Receipts (from Line 19)	\$ 26,499.51	\$ 27,593.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,338.81	\$ 44,586.50
7. Total Disbursements (from Line 20)	\$ 14,027.09	\$ 19,287.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 30,311.71	\$ 25,301.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ +	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ +	

For further information contact:
Federal Election Commission
888 E Street NW
Washington, DC 20463
Toll Free 800-424-8530
Local 202-219-3420

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
WALTER NATIPI

Signature of Treasurer
[Signature]

Date
1-21-94

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

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
B0 103 NATIONAL ASSOCIATION OF LETTER COUNCIL POLITICAL ACTION COMMITTEE		FROM 7-1-93	TO 12-31-93
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
6 Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		14,452.00	17,152.00
ii. Unitemized		11,342.50	12,136.50
iii. Total (add i and ii) >		25,794.50	29,288.50
b. Political Party Committees			
c. Other Political Committees (such as PACs)		-	-
d. Total Contributions (add a iii, b and c) >		25,794.50	29,288.50
11 Transfers From Affiliated/Other Party Committees			
12 All Loans Received			
13 Loan Repayments Received			
14 Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
15 Refunds of Contributions Made to Federal Candidates and Other Political Committees			
16 Other Federal Receipts (Dividends, Interest, etc.)			
17 Transfers from Nonfederal Account for Joint Activity			
18 Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		26,422.50	37,023.50
20 Total Federal Receipts (subtract line 18 from line 19) >		26,422.50	27,023.50
II. Disbursements			
21 Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >		15,677.00	15,677.00
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 Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26 Loan Repayments Made			
27 Loans Made			
28 Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		-	-
29 Other Disbursements			
30 Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		15,677.00	15,677.00
31 Total Federal Disbursements (subtract line 21 a ii from line 30) >		15,677.00	15,677.00
III. Net Contributions/Operating Expenditures			
32 Total Contributions (other than loans)(from line 11d)		26,422.50	27,023.50
33 Total Contribution Refunds (from line 28d)		-	-
34 Net Contributions (other than loans)(subtract line 33 from 32)		26,422.50	27,023.50
35 Total Federal Operating Expenditures (add 21 a i and 21 b) >		15,677.00	15,677.00
36 Offsets to Operating Expenditures (from line 15)			
37 Net Operating Expenditures (subtract line 35 from 36) >		-	-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 1121

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)
BRITTS NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANNIE BROWN 6111-14 51276 San Jose, CA 95121	UNITED STATES POSTAL SERVICE	11-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 252.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANNIE BROWN 4111-14 51276 San Jose, CA 95121	UNITED STATES POSTAL SERVICE	12-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	LETTER CARRIER	\$ 252.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARNARD, NADINE 770 11000 San Jose, CA 95121	UNITED STATES POSTAL SERVICE	1-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	LETTER CARRIER	\$ 252.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARNARD, RICHARD 1104 11000 San Jose, CA 95121	UNITED STATES POSTAL SERVICE	4-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	CLERK	\$ 252.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARNARD, RICHARD 1104 11000 San Jose, CA 95121	UNITED STATES POSTAL SERVICE	5-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 252.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARNARD, RICHARD 4211 11000 San Jose, CA 95121	UNITED STATES POSTAL SERVICE	7-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	LETTER CARRIER	\$ 252.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARNARD, RICHARD 1104 11000 San Jose, CA 95121	UNITED STATES POSTAL SERVICE	9-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	LETTER CARRIER	\$ 252.00	

SUB TOTAL of Receipts This Page (optional) 1770.00

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 1102

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)
 BRITISH CANADIAN ASSOCIATION OF LETTER
 CARRIERS POLITICAL ACTION COMMITTEE

1403079032

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
E. J. D. RICE, JR. 1734 WOODBINE AVE SAN JOSE, CA 95128-1448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date: \$ 250.00	9-27-93 12-31-93	250.00
C. R. F. ... 1734 WOODBINE AVE SAN JOSE, CA 95128-1448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DAVID ... Occupation: ... Aggregate Year-to-Date: \$ 315.00	9-21-93 12-31-93	315.00
L. ... 1734 WOODBINE AVE SAN JOSE, CA 95128-1448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	STATE OF CALIFORNIA Occupation: ... Aggregate Year-to-Date: \$ 315.00	12-20-93 12-31-93	315.00
E. ... 1734 WOODBINE AVE SAN JOSE, CA 95128-1448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date: \$ 250.00	9-27-93	250.00
E. ... 1734 WOODBINE AVE SAN JOSE, CA 95128-1448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date: \$ 250.00	9-27-93	250.00
E. ... 1734 WOODBINE AVE SAN JOSE, CA 95128-1448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date: \$ 470.00	9-27-93	470.00
E. ... 1734 WOODBINE AVE SAN JOSE, CA 95128-1448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date: \$ 470.00	9-27-93	470.00

SUBTOTAL of Receipts This Page (optional) 2270.00

TOTAL This Period (list page this line number only)

SC SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11-1-1

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NAME OF COMMITTEE (in Full)
OF THE NATIONAL ASSOCIATION OF LETTER
CARRIERS POLITICAL ACTION COMMITTEE

2403619336

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
[Name] [Address] [City] [State] [ZIP] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date > \$ 275.00	9-27-93	275.00
[Name] [Address] [City] [State] [ZIP] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date > \$ 250.00	9-27-93	250.00
[Name] [Address] [City] [State] [ZIP] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date > \$ 250.00	9-27-93	250.00
[Name] [Address] [City] [State] [ZIP] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date > \$ 250.00	9-27-93 11-14-93 11-14-93	120.00 60.00 60.00
[Name] [Address] [City] [State] [ZIP] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date > \$ 375.00	9-27-93 11-14-93	250.00 125.00
[Name] [Address] [City] [State] [ZIP] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date > \$ 250.00	9-27-93	250.00
[Name] [Address] [City] [State] [ZIP] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER Aggregate Year-to-Date > \$ 310.00	9-27-93	310.00

SubTOTAL of Receipts This Page (optional) 1875.00
 TOTAL This Period (just page this line number only)

SCCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 1142

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NAME OF COMMITTEE (In Full)
EDUCATIONAL ASSOCIATION OF LETTERS
GENERAL PURPOSE POLITICAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
10045 21st St. 10045 21st St. 10045 21st St. 95033-2700	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	9-27-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARSHALL, JAMES 2165 PULTECHMAN LANE SAN JOSE, CA 95122	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	7-27-93	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MCCORMACK, ROBERT 11111 PULTECHMAN LANE SAN JOSE, CA 95122	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	7-27-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MILCHNER, ROBERT 11111 PULTECHMAN LANE SAN JOSE, CA 95122	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	9-27-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MILNER, ROBERT 11111 PULTECHMAN LANE SAN JOSE, CA 95122	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	5-27-93 11-18-93 12-16-93	250.00 400.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MILNER, ROBERT 11111 PULTECHMAN LANE SAN JOSE, CA 95122	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	9-27-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MILNER, ROBERT 11111 PULTECHMAN LANE SAN JOSE, CA 95122	UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	9-27-93	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 270.00		

SI TOTAL of Receipts This Page (optional).....

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

1040.00

SC HEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 8
FOR LINE NUMBER 1100

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NAME OF COMMITTEE (in Full)

RR 100 NATIONAL ASSOCIATION OF LETTER
CARRIERS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA ANN WILSON 1234 E. CEDAR ST SALT LAKE CITY, UT 84143	UNITED STATES POSTAL SERVICE	9-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LETTER CARRIER	Aggregate Year-to-Date > \$ 252.00	
B. Full Name, Mailing Address and ZIP Code LINDA ANN WILSON 1234 E. CEDAR ST SALT LAKE CITY, UT 84143	UNITED STATES POSTAL SERVICE	9-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LETTER CARRIER	Aggregate Year-to-Date > \$ 252.00	
C. Full Name, Mailing Address and ZIP Code LINDA ANN WILSON 1234 E. CEDAR ST SALT LAKE CITY, UT 84143	UNITED STATES POSTAL SERVICE	9-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LETTER CARRIER	Aggregate Year-to-Date > \$ 252.00	
D. Full Name, Mailing Address and ZIP Code LINDA ANN WILSON 1234 E. CEDAR ST SALT LAKE CITY, UT 84143	UNITED STATES POSTAL SERVICE	9-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LETTER CARRIER	Aggregate Year-to-Date > \$ 252.00	
E. Full Name, Mailing Address and ZIP Code LINDA ANN WILSON 1234 E. CEDAR ST SALT LAKE CITY, UT 84143	UNITED STATES POSTAL SERVICE	9-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LETTER CARRIER	Aggregate Year-to-Date > \$ 252.00	
F. Full Name, Mailing Address and ZIP Code LINDA ANN WILSON 1234 E. CEDAR ST SALT LAKE CITY, UT 84143	UNITED STATES POSTAL SERVICE	9-27-93	324.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MAINTENANCE	Aggregate Year-to-Date > \$ 324.00	
G. Full Name, Mailing Address and ZIP Code LINDA ANN WILSON 1234 E. CEDAR ST SALT LAKE CITY, UT 84143	UNITED STATES POSTAL SERVICE	9-27-93	252.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LETTER CARRIER	Aggregate Year-to-Date > \$ 252.00	

SI BTOTAL of Receipts This Page (optional)

1872.00

TOTAL This Period (last page this line number only)

SC HEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 5
FOR LINE NUMBER 114

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NAME OF COMMITTEE (in Full)
 NATIONAL ASSOCIATION OF LETTER
 CARRIERS POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. J. 75246 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: RETIRED Occupation:	Date (month, day, year): 4-27-93 Aggregate Year-to-Date: \$ 270.00	Amount of Each Receipt this Period: 270.00
... 75246-44 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	Date (month, day, year): 4-27-93 Aggregate Year-to-Date: \$ 250.00	Amount of Each Receipt this Period: 250.00
... 93014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	Date (month, day, year): 4-27-93 Aggregate Year-to-Date: \$ 250.00	Amount of Each Receipt this Period: 250.00
... 15141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	Date (month, day, year): 4-27-93 Aggregate Year-to-Date: \$ 250.00	Amount of Each Receipt this Period: 250.00
... 75247 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	Date (month, day, year): 4-27-93 Aggregate Year-to-Date: \$ 250.00	Amount of Each Receipt this Period: 250.00
... 15746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: UNITED STATES POSTAL SERVICE Occupation: LETTER CARRIER	Date (month, day, year): 4-27-93 Aggregate Year-to-Date: \$ 250.00	Amount of Each Receipt this Period: 250.00
... 75234 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: LEWIS & CLARK Occupation: SELF EMPLOYED	Date (month, day, year): 4-27-93 Aggregate Year-to-Date: \$ 250.00	Amount of Each Receipt this Period: 250.00

51 TOTAL of Receipts This Page (optional) 2020.00
 TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 8
FORM LINE NUMBER

Any item that should be itemized here and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes that is on the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

27110 RAINBOW ASSOCIATION OF LETTER
CARRIERS UNION COMMITTEE

A. Full Name, Mailing Address and ZIP Code <i>John J. ...</i> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/>	Name of Employer UNITED STATES POSTAL SERVICE Occupation LETTER CARRIER Aggregate Year-to-Date > \$ <i>0.00</i>	Date (month, day, year) <i>1-17-83</i>	Amount of Each Receipt this Period <i>90.00</i>
B. Full Name, Mailing Address and ZIP Code <i>...</i> Primary <input type="checkbox"/> General <input type="checkbox"/>	Name of Employer UNITED STATES POSTAL SERVICE Occupation LETTER CARRIER Aggregate Year-to-Date > \$ <i>330.00</i>	Date (month, day, year) <i>1-14-83</i> <i>1-18-83</i> <i>2-11-83</i>	Amount of Each Receipt this Period <i>102.00</i> <i>70.00</i> <i>78.00</i>
C. Full Name, Mailing Address and ZIP Code <i>...</i> Primary <input type="checkbox"/> General <input type="checkbox"/>	Name of Employer UNITED STATES POSTAL SERVICE Occupation LETTER CARRIER Aggregate Year-to-Date > \$ <i>313.00</i>	Date (month, day, year) <i>1-17-83</i> <i>1-17-83</i> <i>1-18-83</i>	Amount of Each Receipt this Period <i>105.00</i> <i>75.00</i> <i>80.00</i>
D. Full Name, Mailing Address and ZIP Code <i>...</i> Primary <input type="checkbox"/> General <input type="checkbox"/>	Name of Employer <i>...</i> Occupation <i>...</i> Aggregate Year-to-Date > \$ <i>410.00</i>	Date (month, day, year) <i>10-17-83</i>	Amount of Each Receipt this Period <i>410.00</i>
E. Full Name, Mailing Address and ZIP Code <i>...</i> Primary <input type="checkbox"/> General <input type="checkbox"/>	Name of Employer <i>...</i> Occupation <i>...</i> Aggregate Year-to-Date > \$ <i>...</i>	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code <i>...</i> Primary <input type="checkbox"/> General <input type="checkbox"/>	Name of Employer <i>...</i> Occupation <i>...</i> Aggregate Year-to-Date > \$ <i>...</i>	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code <i>...</i> Primary <input type="checkbox"/> General <input type="checkbox"/>	Name of Employer <i>...</i> Occupation <i>...</i> Aggregate Year-to-Date > \$ <i>...</i>	Date (month, day, year)	Amount of Each Receipt this Period

114-33369-333

SUBTOTAL of Receipts This Page (per page)	<i>1260.00</i>
TOTAL This Period (page this and number only)	<i>14,115.00</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

All information reported on this Schedule B and Statements regarding disbursements is for the purpose of reporting 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: Full
 GOVERNMENT ASSOCIATION OF LETTER
 WORKERS UNION COMMITTEE

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a. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
11400 W 112th St Overland Park, MO 66213 913-552-1234	Purpose of Disbursement: <u>REIMBURSEMENT FOR TRAVEL</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-13	15,243.00
11400 W 112th St Overland Park, MO 66213 913-552-1234	Purpose of Disbursement: <u>REIMBURSEMENT FOR TRAVEL</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-14-13	11,417.00
11400 W 112th St Overland Park, MO 66213 913-552-1234	Purpose of Disbursement: <u>REIMBURSEMENT FOR TRAVEL</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-30-13	2,122.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page is of amount	18,772.00
TOTAL This Period (see page this for number of lines)	18,772.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

All 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) **55,193 NATIONAL ASSOCIATION OF LETTER WRITERS DISTRICT OF COLUMBIA LOCAL COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TRANSFER TO RELATED COMMITTEE	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO LETTER WRITERS 1100 17TH ST NW WASHINGTON DC 20036	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-25-43	1500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 of 1
 FOLIO NUMBER 03

All 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)
 58 100 MA STATE ASSOCIATION OF LETTER
 COMMITTEE

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1. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
2123 101 ST. CHARLES, CHARLOTTE, N.C. 28203-1400	RENTAL OFFICE	7-20-93	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	10-30-93	\$1,000.00
	Other (specify)		
2. 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		
	Other (specify)		
3. 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		
	Other (specify)		
4. 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		
	Other (specify)		
5. 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		
	Other (specify)		
6. 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		
	Other (specify)		
7. 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		
	Other (specify)		
8. 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		
	Other (specify)		
9. 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		
	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
1-27-94

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

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 PREPARER DATE PREPARED

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