

**FEC
FORM 3X**

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

RECEIVED

2013 08 Office Use Only 8-20

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

12FE4MEC MAIL CENTER

ADDRESS (number and street)

C00114314 060906 N 215
RON LAWRENCE
NATIONAL ASSOCIATION OF LETTER
CARRIERS OF UNITED STATES OF
11581 ILEX ST NW
COON RAPIDS MN 55448

Check if different than previously reported. (ACC)

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 _____ 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 _____ in the State of _____

5. Covering Period

08 01 2013 through 09 30 2013

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

10 01 2013

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**

Write or Type Committee Name

PAL9 NALC

Report Covering the Period: From: **07 01 2013** To: **10 30 2013**

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

| | | |
|--|------------------|------------------|
| 6. (a) Cash on Hand January 1, 2013 | 2013 | 8,114.98 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 18,900.65 | |
| (c) Total Receipts (from Line 19)..... | 2,250.00 | 17,702.99 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 21,150.65 | 25,817.97 |
| 17. Total Disbursements (from Line 31)..... | 3,400.00 | 8,067.32 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 17,750.65 | 17,750.65 |
| 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

PAL 9 NALC

Report Covering the Period: From:

07 01 2013

To:

10 30 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|---|---|
| <p>11. Contributions (other than loans) From:</p> <p>(a) Individuals/Persons Other Than Political Committees</p> <p>(i) Itemized (use Schedule A).....</p> <p>(ii) Unitemized.....</p> <p>(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶</p> <p>(b) Political Party Committees.....</p> <p>(c) Other Political Committees (such as PACs).....</p> <p>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶</p> <p>12. Transfers From Affiliated/Other Party Committees.....</p> <p>13. All Loans Received.....</p> <p>14. Loan Repayments Received.....</p> <p>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</p> <p>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</p> <p>17. Other Federal Receipts (Dividends, Interest, etc.).....</p> <p>18. Transfers from Non-Federal and Levin Funds</p> <p>(a) Non-Federal Account (from Schedule H3).....</p> <p>(b) Levin Funds (from Schedule H5).....</p> <p>(c) Total Transfers (add 18(a) and 18(b))..</p> <p>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</p> <p>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</p> | <p>2,000.00</p> <p>250.00</p> <p>2,250.00</p> <p>675,000</p> <p>1,095,299</p> <p>177,029.99</p> <p>2250.00</p> <p>1770299</p> <p>2250.00</p> <p>1770299</p> | <p>675,000</p> <p>1,095,299</p> <p>177,029.99</p> <p>177,029.99</p> |
|---|---|---|

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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.....
- 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
- 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))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

1,000.00

— 0 —

2400.00

8067.32

3400.00

8067.32

3400.00

8067.32

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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) | 340000 | 806732 |
| 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) | | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE / OF | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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) **PAL 9 NALC**

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Lamson Howard G | | Date of Receipt 09 13 2003 |
| Mailing Address 9644 FALCONS WAY | | Amount of Each Receipt this Period 2,000.00 |
| City Eden Prairie | State Zip Code Mn 55427-5120 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------|------------------------------------|
| B. Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | |
| City | State Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------|------------------------------------|
| C. Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | |
| City | State Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2,000.00 |
| TOTAL This Period (last page this line number only).....▶ | 2,000.00 |

13031130923

**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 3 |
| | <input type="checkbox"/> 21b | <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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b | |

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

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. SWANSON LORI | | Date of Disbursement 07 18 2013 |
| Mailing Address P.O. Box 7066 | | |
| City St. PAUL | State Mn | Zip Code 55107-2728 |
| Purpose of Disbursement MN State ATN General | Candidate Name LORI SWANSON | Amount of Each Disbursement this Period 100000 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: Mn | District: | Category/Type |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Andrew MARK | | Date of Disbursement 09 04 2013 |
| Mailing Address 4046 Xerxes Ave N | | |
| City MPLS | State Mn | Zip Code 55412-2729 |
| Purpose of Disbursement MPLS MAYOR | Candidate Name MARK Andrew | Amount of Each Disbursement this Period 50000 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: | District: | Category/Type |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Johnson BARB | | Date of Disbursement 09 04 2013 |
| Mailing Address 4318 Xerxes Ave N | | |
| City MPLS | State Mn | Zip Code 55412-2730 |
| Purpose of Disbursement MPLS City Council | Candidate Name BARB Johnson | Amount of Each Disbursement this Period 30000 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: | District: | Category/Type |

| | |
|---|---------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 180000 |
| TOTAL This Period (last page this line number only).....▶ | |

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**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 **3**

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

DAL9NALC

Full Name (Last, First, Middle Initial)

A. Newton Jerry

Date of Disbursement

09 / 04 / 2013

Mailing Address

12095 Dogwood St NW

City State Zip Code

Coon Rapids Mn 55448

Purpose of Disbursement

STATE Rep Dist 37A

Candidate Name

Jerry Newton

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Mn**

District: **37A**

Full Name (Last, First, Middle Initial)

B. Freeman Mike

Date of Disbursement

09 / 18 / 2013

Mailing Address

P.O. Box 2066

City State Zip Code

Mpls Mn 55402-2732

Purpose of Disbursement

Henn County ATTY

Candidate Name

Mike Freeman

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)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

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)..... ▶

600.00

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

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**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 3 |
| | <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 | <input type="checkbox"/> 30b | |

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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. NOLAN for Congress | | Date of Disbursement 09 18 2013 |
| Mailing Address P.O. Box 1041 | | Amount of Each Disbursement this Period 1,000.00 |
| City Brainerd | State Mn | |
| Zip Code 56401-2732 | | Category/ Type |
| Purpose of Disbursement | | |
| Candidate Name Rick Nolan | | |
| Office 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: 8 | |

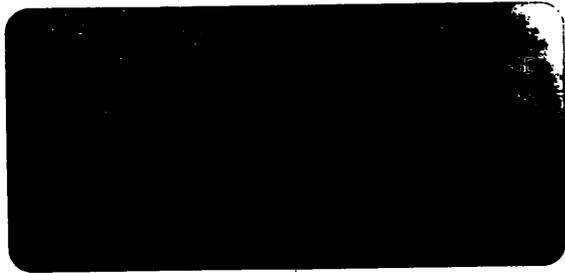
| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement |
| Mailing Address | | |
| City | State | |
| Zip Code | | |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement |
| Mailing Address | | |
| City | State | |
| Zip Code | | |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| 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: | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1,000.00 |
| TOTAL This Period (last page this line number only)..... | 3,400.00 |

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13031130927



first class

first class

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Commission Federal Elections
999 E Street NW
Washington, DC 20463



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

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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

JR
PREPARER

10/17/2013
DATE PREPARED

13031130928