

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

7/20/02 P 2:47

1. NAME OF COMMITTEE (in full) **IBF FEC MAILING LABEL OR TYPE ON PRINT** Example: If typing, type over the lines. **12FE4M5**

00114314 **RON LAWRENCE**

NATIONAL ASSOCIATION OF LETTER CARRIERS OF

ADDRESS (number and street) **UNITED STATES OF**

Check if different than previously reported (ADC) **11511 ALEX ST NW**

COON RAPIDS MN 55448-1231

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00114314

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 POST-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 **07 01 2002** through **09 30 2002**

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 02 2002**

Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Revised 1/01)

Page 2

Write or Type Committee Name

PAL9 NALC

Report Covering the Period:

From:

07 01 2002

To:

09 30 2002

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2002 | | 705895 |
| (b) Cash on Hand at Beginning of Reporting Period | 1145474 | |
| (c) Total Receipts (from Line 1a) | 21200 | 910834 |
| (d) Subtotal ((a) Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1166674 | 1616729 |
| 7. Total Disbursements (from Line 3d) | 520000 | 970055 |
| 8. Cash on Hand at Close of Reporting Period (Subtotal Line 7 from Line 6(d)) | 646674 | 646674 |
| 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 G and/or Schedule D) | | |



This committee has qualified as a non-federally financed 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 (Revised 1/01)

Page 3

Write or Type Committee Name

PAL 9NALC

Report Covering the Period:

From:

07 01 2002

To:

09 30 2002

| 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 (see Schedule A) | 21200 | 910834 |
| (ii) Unitemized | 21200 | 910834 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 21200 | 910834 |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4) | 21200 | 910834 |
| 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 30, page 4) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) | 21200 | 910834 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 21200 | 910834 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share | | |
| (ii) Non-Federal Share | | 5,055 |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | 5,055 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 5,000.00 | 7,700.00 |
| 24. Independent Expenditures (see 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) 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 | 2,000.00 | 2,450.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) | 5,200.00 | 9,700.55 |
| 31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) | 5,200.00 | 9,700.55 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) (from Line 11(d), page 3) | | |
| 33. Total Contribution Refunds (from Line 28(d)) | | |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | | |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | | |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) | | |

**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 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 |
|------------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)

A. JANET ROBERT FOR CONGRESS

Mailing Address

P.O. Box 624

City

STILLWATER

State

MN

Zip Code

55082

Purpose of Disbursement

Candidate Name

JANET ROBERT

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 11 2002

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. McCollum for CONGRESS

Mailing Address

2464 BURKE AVE E

City

N. ST. PAUL

State

MN

Zip Code

55109

Purpose of Disbursement

Candidate Name

Betty McCollum

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 11 2002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SABO FOR CONGRESS

Mailing Address

11702 SELKIRK AVE

City

BURNSVILLE, MN

State

Zip Code

55337

Purpose of Disbursement

Candidate Name

MARTIN SABO

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 11 2002

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (see page 8 for line number only)

5000.00

**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)

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 28 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (in full) **PAL 9NALC**

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement **09 / 11 / 2002**

Mailing Address **OBERSTAR FOR CONGRESS**

City **Duluth** State **MN** Zip Code **55802**

Purpose of Disbursement _____

Amount of Each Disbursement this Period **100000**

Candidate Name **JAMES OBERSTAR** Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Amount of Each Disbursement this Period _____

Candidate Name _____ Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Amount of Each Disbursement this Period _____

Candidate Name _____ Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **100000**

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 Disbursement Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

PAL 9 NALC

Full Name (Last, First, Middle Initial)

A. MELISA HORTMAN FOR STATE REP

Mailing Address 8919 WINDSOR TERRACE

City BROOKLYN PARK State MN Zip Code 55443

Purpose of Disbursement

Candidate Name

MELISA HORTMAN

Category Type

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District

Date of Disbursement

09 / 11 / 2002

Amount of Each Disbursement This Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District

Date of Disbursement

Amount of Each Disbursement This Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District

Date of Disbursement

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)


2000.00

2000.00

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.

| | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> | Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> | First Class Mail | POSTMARKED |
| <input type="checkbox"/> | Registered/Certified Mail | POSTMARKED (R/C) |
| <input type="checkbox"/> | No Postmark | |
| <input checked="" type="checkbox"/> | Postmark Illegible | |
| <input type="checkbox"/> | Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> | Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> | Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> | Electronic Filing | |
|  | PREPARER | 10/2/08 DATE PREPARED |

2008-03-27 14:42:55