

**FEC
FORM 3X**

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

RECEIVED
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2022 OCT 14 AM 9:15
Office Use Only

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

NATIONAL ASSOCIATION OF LETTER CARRIERS
of the United States

ADDRESS (number and street) 1238 Westfarm Lane

Check if different than previously reported. (ACC)

RUFFALO Min 55313-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00114317

3. IS THIS REPORT NEW OR AMENDED
REPORT X (N) OR (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Convention (12C)	Special (12S)	
Election on	M M / D D / Y Y Y Y		in the State of

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
	M M / D D / Y Y Y Y		in the State of

5. Covering Period 07 01 2022 through 09 30 2022

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 Fodstad

Signature of Treasurer *James Fodstad*

Date 10 06 2022

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

Office Use Only							
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FEC FORM 3X
Rev. 05/2016

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NALC PAL9

Report Covering the Period: From:

MM / DD / YYYY
07 / 31 / 2022

To:

MM / DD / YYYY
09 / 30 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2022		1,178,272.25
(b) Cash on Hand at Beginning of Reporting Period.....	14,305.03	
(c) Total Receipts (from Line 19)	67,500	9,510.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14,980.03	21,337.47
7. Total Disbursements (from Line 31).....	37,500	10,107.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11,230.03	11,230.03
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
1050 First Street, N.E.
Washington, DC 20463

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

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NALC PAL9

Report Covering the Period: From: MM 07 / DD 01 / YYYY 2022 To: MM 09 / DD 30 / YYYY 2022

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).....

\$	1,750.00
----	----------

\$	9,010.22
----	----------

(ii) Unitemized.....

\$	1,750.00
----	----------

\$	9,010.22
----	----------

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

\$	1,750.00
----	----------

\$	9,010.22
----	----------

(b) Political Party Committees.....

\$	0.00
----	------

\$	0.00
----	------

(c) Other Political Committees (such as PACs).....

\$	0.00
----	------

\$	0.00
----	------

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

\$	1,750.00
----	----------

\$	0.00
----	------

12. Transfers From Affiliated/Other Party Committees.....

\$	0.00
----	------

\$	0.00
----	------

13. All Loans Received.....

\$	0.00
----	------

\$	0.00
----	------

14. Loan Repayments Received.....

\$	0.00
----	------

\$	0.00
----	------

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

\$	0.00
----	------

\$	0.00
----	------

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

\$	500.00
----	--------

\$	500.00
----	--------

17. Other Federal Receipts (Dividends, Interest, etc.).....

\$	500.00
----	--------

\$	0.00
----	------

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

\$	0.00
----	------

\$	0.00
----	------

(b) Levin Funds (from Schedule H5).....

\$	0.00
----	------

\$	0.00
----	------

(c) Total Transfers (add 18(a) and 18(b))..

\$	0.00
----	------

\$	0.00
----	------

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

\$	6,750.00
----	----------

\$	9,510.22
----	----------

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

\$	6,750.00
----	----------

\$	9,510.22
----	----------

NON-FEDERAL RECEIPTS

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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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)

NALC PAL 9

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

A. Stevens Zank

Mailing Address

PO BOX 222

City

Champlin

State

Mn

Zip Code

55316

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

07 / 30 / 2022

Amount of Each Receipt this Period

500.00

Memo Item

Return contribution

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

B. 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

Amount of Each Receipt this Period

Memo Item

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

C. 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

Amount of Each Receipt this Period

Memo Item

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

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

44001000 1011000000

**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 / OF /		
	<input type="checkbox"/> 21a	<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

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NAME OF COMMITTEE (In Full)
NALC PAL 9

A.

Full Name (Last, First, Middle Initial)
Schultz Jennifer

Date of Disbursement
09/09/2022

Mailing Address
PO Box 3218

City **Duluth** State **Mn** Zip Code **55803**

Purpose of Disbursement
Contribution

FEC Identification Number
C00810416

Candidate Name
Jennifer Schultz

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District: **8**

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

FEC Identification Number

Candidate Name

Category/Type

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

FEC Identification Number

Candidate Name

Category/Type

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).....▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<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)
NALC PAL 9

A.

Full Name (Last, First, Middle Initial) **ELLINSON Keith**

Date of Disbursement **07/27/2022**

Mailing Address **PO Box 17224**

City **Minneapolis** State **Mn** Zip Code **55417**

Purpose of Disbursement **Contribution**

Candidate Name **Keith ELLINSON**

Office Sought: House Senate President
Attorney General

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District:

FEC Identification Number **C**

Amount of Each Disbursement this Period **500.00**

Memo Item

B.

Full Name (Last, First, Middle Initial) **BLAHA Julie**

Date of Disbursement **07/27/2022**

Mailing Address **PO Box 17085**

City **Minneapolis** State **Mn** Zip Code **55417**

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State Auditor

Disbursement For: Primary General Other (specify)

State: **Mn** District:

FEC Identification Number **C**

Amount of Each Disbursement this Period **250.00**

Memo Item

C.

Full Name (Last, First, Middle Initial) **MN DFL**

Date of Disbursement **08/07/2022**

Mailing Address **255 PLato BLVD**

City **St Paul** State **Mn** Zip Code **55107**

Purpose of Disbursement **Women Leadership**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **Mn** District:

FEC Identification Number **C**

Amount of Each Disbursement this Period **500.00**

Memo Item

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

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

DISCLOSED INFORMATION

**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 2

<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)

NALC PAL9

<p>A. Full Name (Last, First, Middle Initial) <u>Simon Steve</u></p>		<p>Date of Disbursement MM/DD/YYYY <u>08/18/2022</u></p>	
<p>Mailing Address <u>PO Box 4217</u></p>		<p>FEC Identification Number <u>C</u></p>	
<p>City <u>Hopkins</u></p>	<p>State <u>Mn</u></p>	<p>Zip Code <u>55343</u></p>	
<p>Purpose of Disbursement <u>Contribution</u></p>		<p>Amount of Each Disbursement this Period <u>500.00</u></p>	
<p>Candidate Name <u>Steve Simon</u></p>		<p>Category/Type <u>C</u></p>	
<p>Office Sought: <input checked="" type="checkbox"/> Sec. of State <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: <u>Mn</u> District:</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>B. Full Name (Last, First, Middle Initial) <u>Little Matt</u></p>		<p>Date of Disbursement MM/DD/YYYY <u>09/20/2022</u></p>	
<p>Mailing Address <u>PO Box 650</u></p>		<p>FEC Identification Number <u>C</u></p>	
<p>City <u>Lakeville</u></p>	<p>State <u>Mn</u></p>	<p>Zip Code <u>55044</u></p>	
<p>Purpose of Disbursement <u>Contribution</u></p>		<p>Amount of Each Disbursement this Period <u>500.00</u></p>	
<p>Candidate Name <u>Matt Little</u></p>		<p>Category/Type <u>C</u></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: <u>Mn</u> District:</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>C. Full Name (Last, First, Middle Initial) <u>Dimick Martha Holton</u></p>		<p>Date of Disbursement MM/DD/YYYY <u>09/20/2022</u></p>	
<p>Mailing Address <u>PO Box 3760</u></p>		<p>FEC Identification Number <u>C</u></p>	
<p>City <u>Minneapolis</u></p>	<p>State <u>Mn</u></p>	<p>Zip Code <u>56302</u></p>	
<p>Purpose of Disbursement <u>Contribution</u></p>		<p>Amount of Each Disbursement this Period <u>500.00</u></p>	
<p>Candidate Name <u>MARtha Holton Dimick</u></p>		<p>Category/Type <u>C</u></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: <u>Mn</u> District:</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>		<p>.....▶</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>		<p>.....▶</p>	

NON-PROFIT ORGANIZATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 10/7/22	10/14/22
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

WDD
 PREPARER 10/14/22
DATE PREPARED

NON-FUNCTIONAL