REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)

C00140772 060297 N 251
TOM HARMAN
BRANCH 343 - NATIONAL ASSOCIAT
ION OF LETTER CARRIERS, POLITI
2225 BLENDON PL
ST LOUIS MO 63143

RECEIVED
FEDERAL ELECTION
COMMISSION
'97 JUL 15 11 11 31
C 0 0 1 4 0 7 7 2

2. FEC IDENTIFICATION NUMBER

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to January 1 1994

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 Jan. 1 1997 through June 30 1997		
6. (a) Cash on Hand January 1, 19 97		$ 11,910.59
(b) Cash on Hand at Beginning of Reporting Period	$ 11,910.59	
(c) Total Receipts (from Line 19)	$ 6,533.29	$ 6,533.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,443.88	$ 18,443.88
7. Total Disbursements (from Line 30)	$ 6,144.00	$ 6,144.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12,299.88	$ 12,299.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
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
Tom Harman

Signature of Treasurer
Tom Harman

Date
July 10 1997

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

C	0	0	1	4	0	7	7	2

FEC FORM 3X
(revised 6/93)

FE6AN135

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Branch 343 National Association of Letter Carriers Political Action Fund

REPORT COVERING PERIOD FROM: Jan. 1 1997 TO: June 30 1997

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	450.24	450.24	11(a)(i)
ii. Unitemized	5,977.00	5,977.00	11(a)(ii)
iii. Total (add i and ii) ➤	6,427.24	6,427.24	11(a)(iii)
b. Political Party Committees	00	00	11(b)
c. Other Political Committees (such as PACs)	00	00	11(c)
d. Total Contributions (add a iii, b and c) ➤	6,427.24	6,427.24	11(d)
12. Transfers From Affiliated/Other Party Committees	00	00	12
13. All Loans Received	00	00	13
14. Loan Repayments Received	00	00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	00	00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	00	00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	106.05	106.05	17
18. Transfers from Nonfederal Account for Joint Activity	00	00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,533.29	6,533.29	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,533.29	6,533.29	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	104.00	104.00	21(c)
22. Transfers to Affiliated/Other Party Committees	00	00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,000.00	23
24. Independent Expenditures (use Schedule E)	00	00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	00	00	25
26. Loan Repayments Made	00	00	26
27. Loans Made	00	00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	00	00	28(a)
b. Political Party Committees	00	00	28(b)
c. Other Political Committees (such as PACs)	00	00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	00	00	28(d)
29. Other Disbursements	1,040.00	1,040.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,144.00	6,144.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,144.00	6,144.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,427.24	6,427.24	32
33. Total Contribution Refunds (from line 28d)	00	00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,427.24	6,427.24	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	104.00	104.00	35
36. Offsets to Operating Expenditures (from line 15)	00	00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	104.00	104.00	37

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER 23

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 committees.

NAME OF COMMITTEE (In Full) Branch 343 National Association of Letter Carriers Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Leaders Victory Fund 7435 Watson Rd. Suit 107(998) St. Louis, Mo. 63119	Fund Raiser Disbursement for: [*] Primary [ ] General [ ] Other (specify)	5-19-97	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	5,000.00

FE6AN135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF | FOR LINE NUMBER 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) Branch 343 National Association of Letter Carriers Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCulloch For Prosutor P O. Box 3879 St. Louis, Mo. 63122	Fund Raiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2-28-97	400.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
St. Louis County Democratic Party 9510 Lackland Rd. St. Louis, Mo. 63114	Fund Raiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-19-97	240.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	640.00
TOTAL This Period (last page this line number only)	

FE8AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER 11 1

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)
Branch 343 National Association of Letter Carriers Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Don Hyde 136 Martigney Dr. St. Louis, Mo. 63129 Receipt For: * Primary ☐ General ☐ Other (specify):	U. S. Postal Service Occupation Retired Letter Carrier Aggregate Year-to-Date $ 200.24	1-3-97	200.24
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John Haake 4984 Brunston St. Louis, Mo. 63128 Receipt For: * Primary ☐ General ☐ Other (specify):	U. S. Postal Service Occupation Retired Letter Carrier Aggregate Year-to-Date $ 250.00	1-9-97 5-2-97	50.00 200.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	450.24

FE5AN135

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 7-11-97
☐	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

JM D — PREPARER

7-16-97 — DATE PREPARED

FEC FORM 70-2 (12/92)