

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

2019 OCT 21 AM 11:03

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Political Action League
National Association of Letter Carriers

ADDRESS (number and street)

7032 Jersey Av N

(Check if address is changed)

Brooklyn Park MN 55428-1763
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

NACLPA@icloud.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10/11/2019

3. FEC IDENTIFICATION NUMBER

C00114314

4. IS THIS STATEMENT

NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES F FODSTAD

Signature of Treasurer

James Fodstad

Date

10/11/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. _____ FEC ID number C
- 2. _____ FEC ID number C
- 3. _____ FEC ID number C
- 4. _____ FEC ID number C

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Write or Type Committee Name

National Association of Letter CARRIERS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for telephone number]

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

JAMES F KODSTED

Mailing Address

7032 JENSEY AVE N

BROOKLYN PARK MN 55428-1763

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

763-242-1708

NONPROFIT ORGANIZATION

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo Bank Ma

Mailing Address

Starlight Center

8041 Brooklyn Blvd

Brooklyn Park MN 55445

CITY

STATE

ZIP CODE

NONPROFIT 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 | Postmarked <i>10-21-2019</i> | Date of Receipt <i>10-21-2019</i> |
|---|---------------------------------|--------------------------------------|

| | |
|--|------------------|
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
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| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
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| <input type="checkbox"/> Postmark Illegible | |
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| <input type="checkbox"/> No Postmark | |
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|--|--------------------------|
| <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 |
|---|-----------------|

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|---|-----------------|
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
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|---|-------------------------------|
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
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| <i>BWS</i> PREPARER | <i>10-21-2019</i> DATE PREPARED |
|------------------------|------------------------------------|

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