Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL FUND) 100 INDIANA AVE., N. W. ADDRESS (number and street) (Check if address is changed) WASHINGTON DC 20001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address kbkeller@nalc.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00023580 FEC IDENTIFICATION NUMBER 3. X 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 Barner, Paul, , , [Electronically Filed] 01 2023 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate inform	nation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign cominformation below.)	nmittee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House Senate	President State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized of	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 committee. (i.e., nonconnected committee)	a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line	e 6.)
(g) This committee is an independent expenditure-only political committee (Super PAC	;).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, at least one of which is an authorized committee of a fe	
(j) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
1.	С
	C

	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	NATIONAL ASSOCIATION	OF LETTER CARRIERS OF U.S.A. POLITICAL FL	JND (LETTER CARRIER P	OLITICAL FUND)
6.		ganization, Affiliated Committee, Joint Fundraising LASSOCIATION OF LETTER CARRIERS PC		
	Mailing Address	2864 HAUGHTON DRIVE		
		SAN JOSE	CA 95148	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundr	raising Representative	_eadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and posi	tion of the person in possessi	on of committee
	RHINE, NIC	OLE, , ,		
	Full Name			
	Mailing Address	100 INDIANA AVE, NW		
		WASHINGTON	DC 20001	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	CUSTODIAN	Telephone	e number 202 – L	662
В.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of ssistant treasurer).	of the committee; and the na	me and address of
	Full Name Barner, Pau	l, , ,		
	of Treasurer			
	Mailing Address	100 INDIANA AVENUE, NW		
		WASHINGTON	DC 20001	
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
			. 202 _	662 2808
	TREASURER	Telephone	e number	- 2000

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	RHINE, NICOLE, , ,	
Mailing Address	100 INDIANA AVE, NW	
	WASHINGTON DC 20001	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position •		
ASSISTANT TRE	EASURER Telephone number 202	662 - 2821
	Depositories: List all banks or other depositories in which the committee deposits funds, holexes or maintains funds.	ds accounts, rents
Name of Bank, D	Depository, etc.	
	REGIONS BANK	
Mailing Address	315 DEADERICK STREET	
	3RD FLOOR	
	NASHVILLE TN 37237	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fur	• •	e, or Leadership PAC Spon
Mailing Address	100 INDIANA AVENUE, NW		
	WASHINGTON	DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
coignated Agent. Identil	fy by name address (phone number - optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	=	Organization, Affiliated Committee, Joint Fundr		
	NATIONAL ASSOCIA	ATION OF LETTER CARRIERS OF UNIT	ED STATES OF AI	MERICA BRANCH 9 P.A.L.
	Mailing Address	11581 ILEX STREET, NW		
		1		
		COON RAPIDS	, , , MN ,	55448
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	I Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		1
	TITLE OF POOLTION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Mailing Address			

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		_	
	d Organization, Affiliated Committee, Joint Fo		e, or Leadership PAC Sponso
ILLINOIS POLIT	ICAL ACTIVE LETTER CARRIERS) 	
Mailing Address	P.O. BOX 561		
	4820 22ND AVENUE		
	ORLAND PARK	, , , , , , <u> </u>	60462
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optiona	l)	
Designated Agent: Ident	ify by name, address (phone number – optiona)	
	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _ Mailing Address TITLE OR POSITIO	CITY A		ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	
Full Name	CITY ▲ cories: List all banks or other depositories in wl	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or not be safety deposited.	CITY ▲ **Cories: List all banks or other depositories in what in a funds.**	STATE A Telephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	a Participant		
J(g)	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai		
	Mailing Address	1715 VANDYKE STREET		
		MAPLEWOOD	MN MN	55109
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
В.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
В.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors safety deposit boxes or mail	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3 . ∂ .	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Policy Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Mailing Address	Anization, Affiliated Committee, Joint Fundra NAL ASSOCIATION OF LETTER CA 225 BLENDON PLACE ST. LOUIS CITY Affiliated Committee Joint	FEC ID number FEC ID number FEC ID number ising Representativ ARRIERS POLIT	C C C e, or Leadership PAC Spons TICAL ACTION FUND 63143 ZIP CODE
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A	Anization, Affiliated Committee, Joint Fundra NAL ASSOCIATION OF LETTER CA 225 BLENDON PLACE ST. LOUIS CITY Affiliated Committee Joint	ising Representativ ARRIERS POLIT	e, or Leadership PAC Spons FICAL ACTION FUND 63143 ZIP CODE
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC: BRANCH 343 - NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION FU Mailing Address 2225 BLENDON PLACE ST. LOUIS Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PaC: MO 63143 — ZIP CODE Leadership PaC: STATE ▲ ZIP CODE TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE	PAL ASSOCIATION OF LETTER CA	ARRIERS POLIT	TICAL ACTION FUND 63143 ZIP CODE
BRANCH 343 - NATIONAL ASSOCIATION OF LETTER CARRIERS POLITICAL ACTION FU Mailing Address 2225 BLENDON PLACE ST. LOUIS ST. LOUIS Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Presignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE	PAL ASSOCIATION OF LETTER CA	ARRIERS POLIT	TICAL ACTION FUND 63143 ZIP CODE
Mailing Address 2225 BLENDON PLACE ST. LOUIS ST. LOUIS Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Property of the segment of the segm	225 BLENDON PLACE ST. LOUIS CITY anization Affiliated Committee Joint	MO STATE A	63143 ZIP CODE A
Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Presignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ZIP CODE STATE ▲ ZIP CODE	CITY A anization Affiliated Committee Joint	STATE A	ZIP CODE A
Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Presignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ZIP CODE STATE ▲ ZIP CODE	CITY A anization Affiliated Committee Joint	STATE A	ZIP CODE A
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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Presignated Agent: Identify by name, address (phone number – optional) Full Name	anization X Affiliated Committee Joint		
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Property	anization X Affiliated Committee Joint		
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY STATE ZIP CODE A		Fundraising Represent	ative Leadership PAC Sp
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE A			
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE			
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TITLE OR POSITION ▼			
	CITY ▲	STATE ▲	ZIP CODE ▲
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	is funds.		
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ame of Bank, epository, etc.		1 1 1	1 1 1
Banks or Other Depositories:	- : ir	: List all banks or other depositories in which t	: List all banks or other depositories in which the committee deposi