Image# 201812149143520635				12/14/2018 10 . 30
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 10
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	OF LETTER CARRIERS O			
	100 INDIANA AVE., N. W.			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
	WASHINGTON		DC 2000	1  _
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDRE				
<ul> <li>(Check if address is changed)</li> </ul>	fecinfo@pass1.com			
le enangee)	Optional Second E-Mail Add	dress		
	kbkeller@nalc.org			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	4 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N		00023580		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined t	this Statement and to the best	of my knowledge and belief it	is true, correct and c	complete.
Type or Print Name of Treasure	er Renfroe, Brian, , ,			
Signature of Treasurer	roe, Brian, , ,	[Electronically Filed]	Date 12	14 / Y Y Y Y 2018
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ion <b>F</b>	EC FORM 1 (Revised 06/2012)

12/14/2018 10 : 30

-			
F	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
Can	didate	e Committee:	
(a)	Ш	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. (Comp information below.)	lete the candidate
Name Cand	e of lidate		
	lidate / Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand			
Part	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
		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 seg committee. (i.e., nonconnected committee)	regated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	EC ID number	
	3.	FEC ID number	
	4.	EC ID number	

FEC Form 1 (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	

## NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL FUND)

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

BRANCH 193 NATIONAL	ASSOCIATION OF LETTER CARRIERS POLIT		
Mailing Address	2864 HAUGHTON DRIVE		
	SAN JOSE	CA 9	5148 
	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.

RHINE, NI	COLE, , ,
Full Name	
Mailing Address	100 INDIANA AVE, NW
	[
	WASHINGTON         DC         20001
Title or Position	CITY STATE ZIP CODE
	Telephone number     202     662     2821

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	Renfroe, Brian, , ,
Mailing Address	100 INDIANA AVENUE, NW
	WASHINGTON         DC         20001         -
	CITY STATE ZIP CODE
Title or Position	Telephone number     202     662     2808

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	
Mailing Address	100 INDIANA AVE, NW
	WASHINGTON         DC         20001           -         -         -         -
	CITY STATE ZIP CODE
Title or Position	EASURER                              2821

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.

Mailing Address	315 DEADERICK STREET		
	3RD FLOOR		
		TN 37237	
	CITY	STATE ZIP COD	E
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE ZIP COD	E

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This amended registration is being filed to update the committee's Email Address. Please make the necessary changes to your records.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2	Optional Supplemental Inf for Lines 5(g) or (h), 6, 8 a		Page of
g)or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Mailing Address	100 INDIANA AVENUE, NW		
	1		
			20001
Relationship:		STATE A	
× Connected	d Organization	Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identify	v by name, address (phone number – optional)		
Full Name			
Mailing Address			

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.

Т

1 1

1 1

Telephone Number

STATE A

1

1 I

1

\_

1

1

ZIP CODE

.

\_

|\_|

1 I

TITLE OR POSITION V

1

1

CITY

Name of Bank, Depository, etc.																								
Mailing Address	L																							
	L																							
																	L					·L		
					C	ITY	∕▲						S	TAT	E.				ZIP	C	DC	E 🔺		1

FEC Form 1S (Revised 02/201	Optional Supplemental In17)for Lines 5(g) or (h), 6, 8		Page <u>7</u> of <u>10</u>
(g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
. Name of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Representative	e or Leadershin PAC Snonsor
•	TION OF LETTER CARRIERS OF UNIT	• •	
Mailing Address	11581 ILEX STREET, NW		
		MN	55448
Relationship:		STATE 🔺	ZIP CODE
Connected C	Drganization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sponso
. Designated Agent: Identify b	oy name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE A	ZIP CODE
		elephone 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.																						
Mailing Address																						
				С	ITY	∕▲					S	TAT	Έ			ZIP	C	DD	= 🔺	r		

FEC	Form	15	(Revised	02/2017)
I LO	FOIIII	10	(Ineviseu	02/2017

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

5(g) or (h).	Joint	Fundraising	Participant:
- (3) - ().			

1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4	FEC ID number	С

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor ILLINOIS POLITICAL ACTIVE LETTER CARRIERS

Mailing Address	P.O. BOX 561			
Ŭ	4820 22ND AVENUE			
			IL 6040	62 
Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
Connected C	Drganization X Affiliated Committee	Joint Fundraising	g Representative	Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																																	1	1
Mailing Address																		1	1			1												
		1	I	1	1			1		I	1		1	1	1	I	I	1	1	1	1	I	1			1	1	1	1			I		
			1			1	I			I	1		1	1		I	I													-	- [	I		
TITLE OR POSITION	▼							C	ידוכ	Y 🔺										S	TAT	Έ						ZIP	C	DC	E			
																Те	lep	hor	ne	Nui	nbe	ər					· L				- [			

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.	1																					
Mailing Address																						
	L																					
																				- [_		
					С	ITY	′▲					S	TAT	Έ			ZIP	C	OD	E 🔺	•	

FEC Form 1S (Revised 02/2	Optional Supplemental Inf for Lines 5(g) or (h), 6, 8		Page _ <sup>9</sup> _ <b>of</b> _ <sup>10</sup>
``````````````````````````````````````			
g) or (h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Mailing Address	1715 VANDYKE STREET		
			55109
Relationship:		STATE A	
Connected	d Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify	/ by name, address (phone number – optional)		
Full Name			
Mailing Address			

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.

1

1 1

CITY

1 1

1

Telephone Number

STATE A

1

1 I

1

\_

1

1

ZIP CODE

.

\_

1\_1

1 I

TITLE OR POSITION V

Name of Bank, Depository, etc.					1					1													
Mailing Address	L																						
	L																						
					С	ITY	′▲					S	TAT	Έ			2	ZIP	С	DD	E 🔺	•	I

Image# 201812149143520644		
FEC Form 1S (Revised 02/201	7) Optional Supplemental Infor for Lines 5(g) or (h), 6, 8 an	10 10
5(g) or (h). Joint Fundraising	Participant:	
1.		FEC ID number
2.		FEC ID number C
3.		FEC ID number C
4.		FEC ID number C
•	rganization, Affiliated Committee, Joint Fundrais ONAL ASSOCIATION OF LETTER CA	sing Representative, or Leadership PAC Sponsor RRIERS POLITICAL ACTION FUND
Mailing Address	2225 BLENDON PLACE	
	ST. LOUIS	MO 63143 – I I I I I I I I I I I I I I I I I I
Relationship:	CITY A	STATE ▲ ZIP CODE ▲
Connected C	Drganization X Affiliated Committee	undraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																															
Mailing Address						1									1													1			
		I	1	1	1	I	I	I	1		I	1	1	I	I	1	I	1	I	1	I	1		I	1	I	I	I	I	I	
										1	1			1	1		1											-	.		
TITLE OR POSITION	•							С	ITY	′ 🔺									S	TAT	E					ZIP	C	DD	E		
															Te	lep	hor	ne l	Nur	nbe	er	L			• [				·		

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

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
					C	۲I	( 🔺					S	TAT	Έ			ZIP	C C	OD	E 🔺	•		I