

RECEIVED
FEC MAIL ROOM

2001 AUG 16 P 1:16

James Zanengo
Certified Public Accountant
Box 407
Berkeley Heights, NJ 07922
(908) 305-4689
jzanengo@aol.com

August 15, 2001

Ms. Angel L. Williamson
Reports Analyst
Federal Election Commission
Washington, DC 20463

Re: Campaign Fund Don DiFrancesco
C00338277

Dear Ms. Williamson:

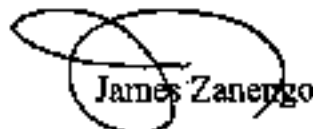
We have received your notice dated August 8, 2001, a copy of which is enclosed for your convenience.

I am sure you are correct in regards to the campaign contribution made to Gornley for Senate in May 2000. However, unfortunately this PAC was dissolved in June 2001. I have no idea how to provide for reimbursement from a dissolved campaign committee.

Kindly adjust your records to reflect the final FEC Form 3X filed July 2001 for the period 4/1/01 - 6/30/01.

Thank you for your prompt attention to this matter, we apologize for any inconvenience we may have caused.

Sincerely,


James Zanengo



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

James Zanengo, Treasurer
Campaign Fund of Don DiFrancesco
P.O. Box 407
Berkely Heights, NJ 07922

AUG 8 2001

Identification Number: C00338277

Reference: July Quarterly Report (4/1/00-6/30/00)

Dear Mr. Zanengo:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$1,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR

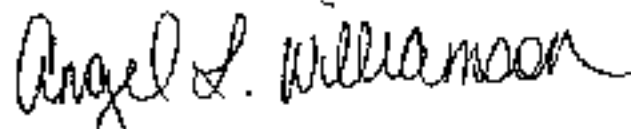
§102.2(a)(3)

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Angel L. Williamson
Reports Analyst
Reports Analysis Division

FINAL RETURN

RECEIVED
FEC MAIL ROOM

2001 AUG 16 P 1:16

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
CAMPAIGN FUND OF DON DUFFRANE RES CO

ADDRESS (number and street) P.O. Box 407
Check if different than previously reported (ACC) BERKELEY HEIGHTS NJ 07922

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 033877

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special
Election on [] in the State of []

5. Covering Period 04 01 2001 through 06 30 2001

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

Signature of Treasurer Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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)

CAMPAIGN FUND OF SAN FRANCISCO

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| ALLY BILL GORNLEY FOR U.S. SENATE ATLANTIC CITY NJ | CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/00 | 3,000.00 |
| SUMMIT BANK | BANK CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/00 | 10.62 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

3,010.62

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.

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|---|--|---|
| <input type="checkbox"/> | Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> | First Class Mail | POSTMARKED 8-14-01 |
| <input type="checkbox"/> | Registered/Certified Mail | POSTMARKED (R/C) |
| <input type="checkbox"/> | No Postmark | |
| <input type="checkbox"/> | Postmark Illegible | |
| <input type="checkbox"/> | Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> | Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> | Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> | Electronic Filing | |
|  | | 8-16-01 |
| PREPARER | | DATE PREPARED |