



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Richard A. Passov, Treasurer
Pfizer Inc. PAC
235 East 42nd Street
New York, NY 10017

Identification Number: C00016683

JUN 27 2001

Reference: Year End Report (11/28/00-12/31/00)

Dear Mr. Passov:

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 A of your report (pertinent portion(s) attached) discloses a receipt(s) of \$4,200 from Pfizer PAC-NY and Pfizer PAC-State. Please clarify whether this transfer(s) is from an account maintained by your committee for non-federal activity. If so, be advised that such a transfer is prohibited by 11 CFR §102.5(a)(1)(i) and the full amount of the transfer(s) should be returned to the non-federal account. Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out. In addition, the transfer-out should be disclosed on Schedule B supporting Line 22 of your next report.

If this transaction represents an "internal transfer" of funds from one federal account to another, and the source(s) of such funds has been identified in previous reports of receipts and disbursements, please note that such transfers should not be itemized as doing so inflates total receipts and cash on hand. If this is the case, please amend your report accordingly.

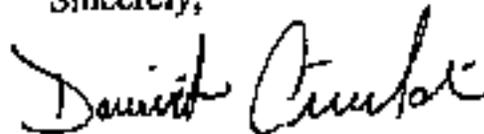
Although the Commission may take further legal action regarding the acceptance of funds from a non-federal account, your prompt transfer-out of the impermissible funds or clarification of the transaction, will be taken into consideration.

-For future reporting, please be advised that only the amounts applied

toward the principal amount of a loan should be included in the Cumulative Payment-to-Date box on Schedule C. Those payments should also be reported on Schedule B supporting Line 26 of the Detailed Summary Page. Interest payments should be disclosed on Schedule B supporting Line 21(b), as operating expenditures, in accordance with 11 CFR §104.3.

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,



Dominick Ciaraldi
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
12

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)
Pfizer PAC

DPC

Full Name, Mailing Address, and ZIP Code Pfizer PAC - NY 235 East 42nd St New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pfizer PAC - NY Occupation	Date (month, day, year) 11/30/2000	Amount of Each Receipt this Period 1000.00
Aggregate Year-to-Date > \$ 2300.00			
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pfizer PAC - State Occupation	Date (month, day, year) 12/04/2000	Amount of Each Receipt this Period 100.00
Aggregate Year-to-Date > \$ 11150.00			
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pfizer PAC - State Occupation	Date (month, day, year) 12/11/2000	Amount of Each Receipt this Period 200.00
Aggregate Year-to-Date > \$ 11150.00			
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pfizer PAC - State Occupation	Date (month, day, year) 12/11/2000	Amount of Each Receipt this Period 250.00
Aggregate Year-to-Date > \$ 11150.00			
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pfizer PAC - State Occupation	Date (month, day, year) 12/11/2000	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date > \$ 11150.00			
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pfizer PAC - State Occupation	Date (month, day, year) 12/11/2000	Amount of Each Receipt this Period 750.00
Aggregate Year-to-Date > \$ 11150.00			
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pfizer PAC - State Occupation	Date (month, day, year) 12/12/2000	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date > \$ 11150.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
12

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NAME OF COMMITTEE (In Full)
Pfizer PAC

DAE

Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017	Name of Employer Pfizer PAC - State	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 11150.00		
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017	Name of Employer Pfizer PAC - State	Date (month, day, year) 12/19/2000	Amount of Each Receipt this Period 650.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 11150.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

4200.00

