FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

MAY 7 1997

Jerry A. Hodge, Treasurer
Beaver County Democratic Committee
 Federal Election Account
163 Pinehurst Drive
Freedom, PA   15042

Identification Number: C00244657

Reference: April Quarterly (1/1/96-3/31/96), October Quarterly (7/1/96-9/30/96)
 and Year End (11/26/96-12/31/96) Reports

Dear Mr. Hodge:

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 contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of $5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of $5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount 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. My local number is (202) 219-3580.

Sincerely,

J.P. Andre, Jr.
Reports Analyst
Reports Analysis Division

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NAME OF COMMITTEE (in Full)

Beaver County Democrata Party Committee (Reprs) Election account)

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Citizens for Ron Nick 226 condon ave. Jannette, A 16044	J Stationers	12-5-96	350.00
Occupation: JS consultining AS			
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date ▶ $ 12 fu.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▶ $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▶ $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▶ $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▶ $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▶ $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▶ $		

SUBTOTAL of Receipts This Page (optional) .... ▶

TOTAL This Period (last page this line number only) .... ▶

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)

Beaver County Democratic Party committee   Federal Election Account

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code ~~Citizens for Ron Klink~~ 226 Coven street Leechburg, Pa. 15691	United states congress U.S. House of Representatives washington D.C. Occupation U.S. Congressman	1/30/00	6050⁰⁰
Receipt For: ☐ Primary ☑ General ☑ Other (specify): transfers to Party	Aggregate Year-to-Date ▸ $ 12,100⁰⁰		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▸ $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▸ $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▸ $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▸ $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▸ $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▸ $		

SUBTOTAL of Receipts This Page (optional) .... ▸ 6050⁰⁰

TOTAL This Period (last page this line number only) .... ▸ 6050⁰⁰

NAME OF COMMITTEE (In Full)

Beaver County Democratic Committee Federal Election Account

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens for Ron Klink 226 Couson Ratts Jeannette, PA 17044	United States Congress Occupation U.S. Congressman	3/31/96	6050⁰⁰
Receipt For: ☐ Primary ☐ General ☒ Other (specify): DONATION	Aggregate Year-to-Date ▷ $ 6050⁰⁰		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▷ $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▷ $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▷ $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▷ $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▷ $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ▷ $		

SUBTOTAL of Receipts This Page (optional) .... ▷   6050⁰⁰

TOTAL This Period (last page this line number only) .... ▷   6050⁰⁰