



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Michael A. Ingrao, Treasurer
National Council of Senior Citizens
Political Action Committee
8403 Colesville Road, Suite 1200
Silver Spring, MD 20910

APR 23 1997

Identification Number: C00166322

Reference: 30 Day Post-General Report (10/17/96-11/25/96)

Dear Mr. Ingrao:

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:

-The beginning cash balance of this report should equal the ending balance of your 12 Day Pre-General Report. Please clarify this discrepancy and amend any subsequent report(s) that may be affected by this correction.

-Your committee has filed a report that contains financial activity already disclosed on another report. Overlapping coverage dates create difficulties in accounting for cash flow from one report to another. Please amend this report by including only the financial transactions that occurred between October 19, 1996 and November 25, 1996. 2 U.S.C. §434(b)

-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

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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.

-The totals listed on Lines 6(c), 7, 11(a)(ii), 11(a)(iii), 11(c), 11(d), 23, 24, and 30, Column B of the Summary and Detailed Summary Pages appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-Line 24 of your report discloses a prepayment for independent expenditures of \$10,000.00 with subsequent memo disbursements from this initial amount. However, in order to prevent the inflation of line totals, a prepayment should be expressed in the following manner. The initial payment should be disclosed on a separate Schedule B supporting Line 21(b). Later disbursements taken from this original amount should be

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disclosed on the schedule supporting the payment type, in this case Schedule E supporting Line 24, and also as a negative entry on Schedule B supporting Line 21(b). Please amend your report to disclose your figures on the correct lines of the Detailed Summary Page.

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,



Melissa Hurd
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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)

National Council of Senior Citizens Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
IUE Committee on Political Education 1126 16th Street NW Washington, DC 20036	Contribution	10/16/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code BKIU Cope Fund PCC 1313 L Street NW Washington, DC 20005	Name of Employer Contribution	Date (month, day, year) 10/16/96	Amount of Each Receipt This Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 4,000.00	
C. Full Name, Mailing Address and ZIP Code UFCWIU Active Ballot Club 1775 K Street NW Washington, DC 20004	Name of Employer Contribution	Date (month, day, year) 10/01/96	Amount of Each Receipt This Period 4,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 4,500.00	
D. Full Name, Mailing Address and ZIP Code United Steelworkers of America Political Action Fund Five Gateway Center Pittsburgh, PA 15222	Name of Employer Contribution	Date (month, day, year) 10/18/96	Amount of Each Receipt This Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/28/96	5,000.00
	Aggregate Year-to-Date	\$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

15,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 (c)

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)
National Council of Senior Citizens Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer Contribution	Date (month, day, year)	Amount of Each Receipt This Period
Bakery, Confectionery, Tobacco Workers Int'l Union 10401 Connecticut Ave Kensington, MD 20895 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/25/96	2,000.00
Aggregate Year-to-Date > 8		2,000.00	
B. Full Name, Mailing Address and ZIP Code National Associat'n of Letter Carriers 100 Indiana Ave. Washington, DC 20001 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Contribution Occupation	Date (month, day, year) 10/22/96	Amount of Each Receipt This Period 5,000.00
Aggregate Year-to-Date > 8		5,000.00	
C. Full Name, Mailing Address and ZIP Code United Steelworkers of America P.E. Fund Five Gateway Center Pittsburgh, PA 15212 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Contribution Occupation	Date (month, day, year) 10/18/96	Amount of Each Receipt This Period 5,000.00
Aggregate Year-to-Date > 8		5,000.00	
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Contribution Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date > 8			
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Contribution Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date > 8			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Contribution Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date > 8			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Contribution Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date > 8			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	12,000.00

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