FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

SEP 3 1997

William H. Kedley, Treasurer
Harris Beach & Wilcox LLP
Political Committe - Federal
130 East Main Street
Rochester, NY 14604

Identification Number: C00195891

Reference: Mid-Year (1/1/95-6/30/95) and Year End (7/1/95-12/31/95) Reports

Dear Mr. Kedley:

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) precludes a committee from accepting contributions from a person in excess of $5,000 per calendar year. For your information, a partnership is included in the definition of "person" under 2 U.S.C. §431(11).

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a contribution that exceeds the limits, you must 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 in accordance with 11 CFR §103.3(b). In the best interest of your committee, all 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 receiving a refund or granting written authorization for a transfer to another account.

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 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), your prompt transfer-out or refund of 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,

Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)

Harris Beach & Wilcox Political Committee - Federal

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
See Attached Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Harris, Beach & Wilcox Occupation: Attorney's Aggregate Year-to-Date > $ 000.00	4/6/95	$5,000.00
See Attached Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Harris, Beach & Wilcox Occupation: Attorney's Aggregate Year-to-Date > $ 000.00	4/11/95	$1,000.00
See Attached Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Harris Beach & Wilcox Occupation: Attorney's Aggregate Year-to-Date > $ 7000.00	6/19/95	$1,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $7000.00

TOTAL This Period (last page this line number only) $7000.00

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9SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE ___ OF ___

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Harris Beach & Wilcox LLP Political Committee - Federal

AGD

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. See Attached Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Harris Beach & Wilcox, LLP Occupation: Attorney's Aggregate Year-to-Date > $ 8,000 -	11/7/95	1,000 -
B. See Attached Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Harris Beach & Wilcox, LLP Occupation: Attorney's Aggregate Year-to-Date > $ 8,500 -	11/10/95	500 -
C. See Attached Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Harris Beach & Wilcox, LLP Occupation: Attorney's Aggregate Year-to-Date > $ 9,500 -	11/22/95	1,000 -
D. See Attached Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Harris Beach & Wilcox, LLP Occupation: Attorney's Aggregate Year-to-Date > $ 11,500 -	12/5/95	2,000 -
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 4,500 -

TOTAL This Period (last page this line number only) ..... 4,500 -

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