



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

April 21, 2015

JUDY MOUNT, TREASURER
DEMOCRATIC EXECUTIVE COMMITTEE OF
FLORIDA
214 SOUTH BRONOUGH STREET
TALLAHASSEE, FL 32301

Response Due Date
05/26/2015

IDENTIFICATION NUMBER: C00005561

REFERENCE: AMENDED 30 DAY POST-GENERAL REPORT (10/16/2014 -
11/24/2014), RECEIVED 01/29/2015

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- A review of the reports filed by your committee indicates that your committee received one or more contributions from "AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES" which has been disclosed on their report(s) of receipts and disbursements as a contribution for the non-federal account (see attached. Please be advised, contributions deposited in a federal account must meet the following conditions: the contributions are designated or expressly solicited for use in connection with federal elections and contributors are informed that their contributions are subject to the limits and prohibitions of the Act. 11 CFR §102.5(a)

If any apparently misdeposited contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If the contribution(s) received was misdeposited into the federal account, you may have to make a refund. If within 30 days of receipt you (1) transferred the misdeposited amount to an account not used to influence federal elections, and (2) provided a written notice to the committee making the contribution of the option of receiving a refund, you may retain the contribution in an account not used to influence federal elections. Any request from a donor for a refund must

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

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be honored.

If the foregoing conditions for transfers to a non-federal account were not met within 30 days of receipt, the misdeposited amount must be refunded. (11 CFR §103.3(b)(1))

Please clarify if the contribution(s) received from the disclosed donor's federal account was permissible. If the contribution was intended for a non-federal account, please inform the Commission of your corrective action promptly in writing and provide a photocopy of your check for any transfer-out or refund. Although the Commission may take further legal action regarding the misdeposited funds, your prompt action will be taken into consideration.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1164.

Sincerely,



Nicole Miller
Sr. Campaign Finance & Reviewing Analyst
Reports Analysis Division

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 314 OF 314	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
American Federation of Govt. Empl. Political Action Committee

Full Name (Last, First, Middle Initial) A. Florida Democratic Party		Date of Disbursement MM / DD / YYYY 10 / 30 / 2014
Mailing Address 214 South Bronough Street		Transaction ID : 22093360
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement State Contribution	Amount of Each Disbursement this Period 4000.00
Candidate Name	Category/Type 011	State Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Kentucky Democratic Party		Date of Disbursement MM / DD / YYYY 10 / 30 / 2014
Mailing Address PO Box 694		Transaction ID : 22093361
City Frankfort	State KY	
Zip Code 40602	Purpose of Disbursement State Contribution	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type 011	State Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	State Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	41000.00