



DRIVE

TEAMSTERS LOCAL 830

12298 TOWNSEND ROAD • PHILADELPHIA, PA 19154 • 215-671-9050 FAX 676-1324



June 18, 2001

Certified Mail #7099-3220-0009-9893-3782
Return Receipt Requested

Mr. Erik Koeppen
Reports Analysis Division
Federal Election Commission
999 "E" Street, NW
Washington, DC 20463

Identification Number: C00174847
Reference: 12 Day Pre-General Report (10/1/00-10/18/00)

Dear Mr. Koeppen:

Enclosed please find a copy of the letter we sent to the Democratic Senate Campaign Committee. We sent this letter after receiving your correspondence (copy attached). We will send you a copy of the refunded contribution once we have received it. The receipt of the refund will be reported on the next PEC filing.

We respectfully request your consideration of our prompt remediation once this oversight was brought to our attention.

If you need additional information, please contact me.

Sincerely,

Daniel H. Grace
Secretary-Treasurer

DHG:sd

Enclosures

RECEIVED
FEC MAIL ROOM
2001 JUN 21 P 1:12



TEAMSTERS LOCAL 830

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June 18, 2001

Certified Mail #7099-3220-0009-9893-3799
Return Receipt Requested

Democratic Senate Campaign Committee
420 S. Capitol Street
Washington, DC 20003

Dear Sir or Madam:

The FEC has notified us that we made a contribution to your campaign in excess of the Federal limit of \$15,000. We contributed \$50,000 on October 4, 2000.

The FEC is requiring that we obtain a refund of \$35,000 from your Committee to rectify this matter. Please send us a check so that we can inform the FEC within the required period which expires on June 21, 2001. Please accept our apology for any inconvenience that this has caused.

Sincerely,

Daniel H. Grace
Secretary-Treasurer

DHG:sd



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Gerard Zaccagni, Treasurer
Brewery Soft Drink Beer Distr Optical
Dental Misc Workers Warehouseman
Help Local 830 PAC
12298 Townsend Road
Philadelphia, PA 19154

JUN 6 2001

Identification Number: C00174847

Reference: 12 Day Pre-General Report (10/1/00-10/18/00)

Dear Mr. Zaccagni:

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 B 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(a) precludes a multicandidate committee from making a contribution to a national political party in excess of \$15,000 in a calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$15,000. In the best interest of your committee, all refunds should be made within sixty days of the treasurer's receipt of the contribution.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received.

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

23

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) BREWERY SOFT DRINK BEER DISTRIBUTORS, OPTICAL, DENTAL, MISC:
WORKERS WAREHOUSEMEN TEAMSTERS LOCAL 830 FEC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senate Campaign Committee 420 S. Capitol Street Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$50,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$50,000.00

Although the Commission may take further legal action concerning the excessive contribution(s), prompt action in obtaining a refund 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 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Erik Koeppen
Reports Analyst
Reports Analysis Division

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 6-19-01
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sci</i> PREPARER	6-21-01 DATE PREPARED