



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

April 8, 1999

Ron Oliver, Treasurer
Democratic Party of Arkansas Federal
Account
1300 West Capitol
Little Rock, AR 72201

Identification Number: C00024372

Reference: Amended October Quarterly (7/1/98-9/30/98), dated 2/11/99 and 12 Day
Pre-General (10/1/98-10/14/98) Reports

Dear Mr. Oliver:

This letter is to inform you that as of April 7, 1999, the Commission has not received your response to our requests for additional information dated March 17, 1999. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Scott Francis on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Ron Oliver, Treasurer
Democratic Party of Arkansas Federal Account
1300 West Capitol Avenue
Little Rock, AR 72201

MAR 17 1999

Identification Number: C00024372

Reference: Amended October Quarterly Report (7/1/98-9/30/98), dated 2/11/99

Dear Mr. Oliver:

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 and its affiliates 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.

DEMOCRATIC PARTY OF ARKANSAS FEDERAL ACCOUNT

PAGE 2

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.

-Schedule A of your report (pertinent portions attached) discloses an apparent contribution(s) from a corporation(s). 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation.

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 corporate contribution(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. 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 covering the period during which the transaction was made.

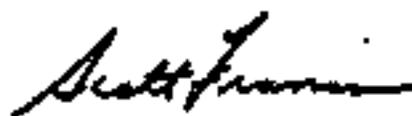
Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

DEMOCRATIC PARTY OF ARKANSAS FEDERAL ACCOUNT
PAGE 3

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions from other political committees should be properly disclosed on a separate Schedule A, supporting Line 11(c) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

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) 694-1130.

Sincerely,



Scott Francis
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7

FOR LINE NUMBER

11(a) (1)

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)

Democratic Party of Arkansas - Federal Account

A. Full Name, Mailing Address and Zip Code Dorothy Moore P.O. Box 306 Arkansas City, AR 71630- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period \$25.00
Aggregate Year-to-Date ->		\$225.00	
B. Full Name, Mailing Address and Zip Code Donald Munro P.O. Box 1257 Hot Springs National, AR 71901- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Occupation Requested	Date (month, day, year) 07/19/98	Amount of Each Receipt this Period \$950.00
Aggregate Year-to-Date ->		\$950.00	
C. Full Name, Mailing Address and Zip Code Peterson Enterprises P.O. Box 605 Dumas, AR 71639- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Occupation Requested	Date (month, day, year) 07/14/98	Amount of Each Receipt this Period \$5000.00
Aggregate Year-to-Date ->		\$5000.00	
D. Full Name, Mailing Address and Zip Code Jim Fledgar P.O. Box 926 Danville, AR 72833- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer state of Arkansas Occupation Director, State Fair	Date (month, day, year) 08/24/98	Amount of Each Receipt this Period \$80.00
Aggregate Year-to-Date ->		\$1080.00	
E. Full Name, Mailing Address and Zip Code David Pryor US Sen Comm P.O. Box 3334 Little Rock, AR 72203-3334 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 07/21/98	Amount of Each Receipt this Period \$30000.00
Aggregate Year-to-Date ->		\$30000.00	
F. Full Name, Mailing Address and Zip Code Agnes L. Reagan 323 South 11th Fl. Rogers, AR 72756- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired	Date (month, day, year) 07/14/98	Amount of Each Receipt this Period \$200.00
Aggregate Year-to-Date ->		\$200.00	
G. Full Name, Mailing Address and Zip Code Betty Lynn Reagan 420 West Poplar Street Rogers, AR 72756- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired	Date (month, day, year) 07/14/98	Amount of Each Receipt this Period \$250.00
Aggregate Year-to-Date ->		\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$36505.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

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FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas - Federal Account

A. Full Name, Mailing Address and Zip Code Abe Akel P.O. Box 1237 Harrison, AR 72602- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Occupation Requested Aggregate Year-to-Date ->	Date (month, day, year) 07/21/98 07/21/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$5000.00 \$5000.00
B. Full Name, Mailing Address and Zip Code Shelby Akel P.O. Box 1237 Harrison, AR 72602- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Occupation Requested Aggregate Year-to-Date ->	Date (month, day, year) 07/21/98 07/21/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$5000.00 \$5000.00
C. Full Name, Mailing Address and Zip Code Sam Angel South Lakeshore Drive Lake Village, AR 71653- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Self Employed Occupation Requested Farmer Aggregate Year-to-Date ->	Date (month, day, year) 07/21/98 07/21/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$5000.00 \$5000.00
D. Full Name, Mailing Address and Zip Code Arkansas Tobacco 708 West Second Street Little Rock, AR 72201- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Occupation Requested Aggregate Year-to-Date ->	Date (month, day, year) 07/21/98 07/21/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$5000.00 \$5000.00
E. Full Name, Mailing Address and Zip Code John S. Bailey 424 Longway Little Rock, AR 72211- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Occupation Requested Aggregate Year-to-Date ->	Date (month, day, year) 07/21/98 07/21/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$5000.00 \$5000.00
F. Full Name, Mailing Address and Zip Code Joe D. Bell 600 North Martin Little Rock, AR 72205- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Occupation Requested Aggregate Year-to-Date ->	Date (month, day, year) 07/21/98 07/21/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$5000.00 \$5000.00
G. Full Name, Mailing Address and Zip Code Joe Bennett P.O. Box 969 Harrison, AR 72602- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested Retired Occupation Requested Retired Physician Aggregate Year-to-Date ->	Date (month, day, year) 07/01/98 07/01/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$85.00 \$510.00

SUBTOTAL of Receipts This Page (optional)

\$30085.00

Amount This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Democratic Party of Arkansas - Federal Account

A. Full Name, Mailing Address and Zip Code Mary Sue Reagan 420 West Poplar Rogers, AR 72756- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 07/14/98	Amount of Each Receipt this Period \$250.00
	Occupation Retired	Aggregate Year-to-Date -> \$250.00	
B. Full Name, Mailing Address and Zip Code Devany Shackelford 9 Rivermist Circle Little Rock, AR 72202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested	Date (month, day, year) 07/21/98	Amount of Each Receipt this Period \$1000.00
	Occupation Requested	Aggregate Year-to-Date -> \$1000.00	
C. Full Name, Mailing Address and Zip Code Michael St Martin 3373 Little Bayou Black Rd Houma, LA 70361- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer requested	Date (month, day, year) 07/21/98	Amount of Each Receipt this Period \$5000.00
	Occupation Requested	Aggregate Year-to-Date -> \$5000.00	
D. Full Name, Mailing Address and Zip Code Marvin M. Steele 2429 Lamar Ave Memphis, TN 38114- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Employed	Date (month, day, year) 08/17/98	Amount of Each Receipt this Period \$40.00
	Occupation Tire Salesman	Aggregate Year-to-Date -> \$1040.00	
E. Full Name, Mailing Address and Zip Code Paul Weaver P. O. Box 33 Violet Hill, AR 72584- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) 08/24/98	Amount of Each Receipt this Period \$99.00
	Occupation Judge	Aggregate Year-to-Date -> \$1050.00	
F. Full Name, Mailing Address and Zip Code Whis Bear Dist Ar P. O. Box 3477 Little Rock, AR 72203- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) 07/14/98	Amount of Each Receipt this Period \$5000.00
	Occupation	Aggregate Year-to-Date -> \$5000.00	
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	

Each time

SUBTOTAL of Receipts This Page (optional)	\$11340.00
TOTAL This Period (last page this line number only)	\$143070.00