



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

John F. Stafstrom, Jr., Treasurer
Pullman & Comley Political Action
Committee
850 Main Street
Bridgeport, CT 06601

AUG 29 2001

Identification Number: C00230201

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

Dear Mr. Stafstrom:

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 non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

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 \$1,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

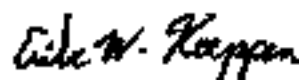
If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR §102.2(a)(3)

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation 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. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) 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 W. Koeppen
Reports Analyst
Reports Analysis Division

SCHEDULE B

FINANCED DISBURSEMENTS

Use separate schedule by each category or on subsequent page
 PAGE 1 OF 1
 FORM NUMBER 23

Any information copied from such reports and contains info may not be used by any person for the purpose of soliciting contributions or for any other purpose, other than filing the same and address of any political committee is added confidential item such committee.

NAME OF COMMITTEE (in Full)

Hullman & Conley Political Action Committee

EWK

Address of Donor	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Carl Rich For Congress c/o Houkover & Malak 328 Mitchell Street Gooch, CT 06340	Contribution Disbursement: <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Other Other (specify)	10/06/06	\$,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement: <input type="checkbox"/> Salary <input type="checkbox"/> Other Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

TOTAL of Disbursements This Page (optional) **\$,000.00**

TOTAL This Period (last page has line number only)

CHRONICLE B		ITEMIZED DISBURSEMENTS		PAGE 1 OF 3 FOR LINE NUMBER 23	
<p>Any information copied from each Report and Disbursement Form not be used or cited by any person for the purpose of identifying contributors or for conventional purposes, other than using the name and address of any political committee to obtain contributions from such committee.</p>					
<p>NAME OF COMMITTEE OR FUND Pullman & Company Political Action Committee</p>					
A. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 South Capital Street, SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/6/00	Amount of Each Disbursement This Period \$2,000.00		
B. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 140 Main Street, Suite 3 Danbury, CT 06810	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/25/00	Amount of Each Disbursement This Period \$2,500.00		
C. Full Name, Mailing Address and ZIP Code Larson for Congress c/o Bookman & Walsh 128 Mitchell Street Groton, CT 06340	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/25/00	Amount of Each Disbursement This Period \$1,000.00		
D. Full Name, Mailing Address and ZIP Code O'Donnell for Congress 2905 Bayview Building Washington, DC 20525	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/23/00	Amount of Each Disbursement This Period \$1,000.00		
E. Full Name, Mailing Address and ZIP Code Democratic National Committee Federal Account 430 South Capital Street, SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/22/00	Amount of Each Disbursement This Period \$0,000.00		
F. Full Name, Mailing Address and ZIP Code Christopher Mayne for Congress 132 East Putnam Avenue Gosh Cob, CT 06807	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/00	Amount of Each Disbursement This Period \$5,000.00		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period		
GRAND TOTAL of Disbursements This Page (colored)			\$13,500.00		
TOTAL This Period (add page 1 to this number only)			\$13,500.00		

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