



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: October Quarterly Report (7/1/00-9/30/00)

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

CHECKLIST B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) to itemize activity in the Disburse Schedule Page		PAGE 1 OF 3	
Any information copied from such papers 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 contributors.				FEDERAL ELECTION COMMISSION			
NAME OF COMMITTEE (or Fund) Pollman & Conley Political Action Committee							
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) 7/6/00	Amount of Each Disbursement This Period \$2,000.00				
B. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 240 Main Street, Suite 3 Dorbury, 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) 7/23/00	Amount of Each Disbursement This Period \$2,500.00				
C. Full Name, Mailing Address and ZIP Code Lerman for Congress c/o Hookerbury & Walsh 328 Mitchell Street Proton, 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) 8/23/00	Amount of Each Disbursement This Period \$1,000.00				
D. Full Name, Mailing Address and ZIP Code Gajdosova for Congress 2306 Rayburn 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 \$1,600.00				
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) 9/18/00	Amount of Each Disbursement This Period \$5,000.00				
F. Full Name, Mailing Address and ZIP Code Christopher Mays for Congress 112 East Putnam Avenue Coe Col, 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 \$9,000.00				
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				
SUBTOTAL of Disbursements (This Page (optional) ...)			\$13,500.00				
TOTAL This Period (see page the line number(s) ...)			\$13,500.00				

EWK

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**SCHEDULE B**

**(EXTENDED DISBURSEMENTS)**

Use separate schedule(s) for each article of the District Service Page

PAGE 1 OF 1  
FORM LINE NUMBER 23

Any information copied from these Reports and Statements may not be used by any person for the purpose of selling or advertising for or recommending a product, other than using the name and address of any political committee to solicit contributions from such person.

NAME OF COMMITTEE on Form  
**Fullan & O'Leary Political Action Committee**

EWK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Maloney 140 Main Street, Suite 3 Danbury, CT 06810	Contribution for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/99	2,500.00
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)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (see page 1 for line number 23)	2,500.00

**SCHEDULE B**

**ITEMIZED CONTRIBUTIONS**

Use separate schedules for each category of the Detailed Summary Page  
 PAGE 1 OF 1  
 FOR LINE NUMBER 23

Any information copied from such papers and statements may not be used by any person for the purpose of seeking contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such sources.

NAME OF COMMITTEE TO PAID  
**Fullman & Cooley Political Action Committee**

EWK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Maloney 240 Main Street, Suite 3 Danbury, CT 06810	Contribution Disbursement to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	3/17/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
J. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUMMARY of Contributions (This page optional)	1,000.00
TOTAL This Period (Sum page this line number only)	1,000.00

