



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Leonard Fichtner, Treasurer  
Dealers Election Action Committee SEP 20 1995  
of the National Automobile  
Dealers Association (NADA)  
8400 Westpark Drive  
McLean, VA 22102

Identification Number: C00040998

Reference: February Monthly (1/1/95-1/31/95) and March Monthly (2/1/95-2/28/95) Reports

Dear Mr. Fichtner:

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 discloses the receipt of funds from your connected organization (pertinent portion(s) attached). 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §110.5(b)(3), however, a separate segregated fund may be reimbursed for any solicitation or other administrative expense provided that the reimbursement is made no later than thirty days after the expense was paid by the separate segregated fund.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. Please provide further clarifying information regarding the date(s) on which the committee made payments for any solicitation or other administrative expenses. To the extent that the reimbursement was made beyond thirty days, your committee must transfer the funds to an account not used to influence federal elections or refund the full amount to your connected organization in accordance with 11 CFR §103.3(b). The Commission recommends that you inform your connected organization in writing to provide them with the option of receiving a refund or granting written authorization of a transfer-out to protect the donor's interest.

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Please inform the Commission of your corrective action immediately in writing and provide a copy of your check for the transfer-out or refund. In addition, any transfer-out or refund made should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the date on 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 refund or transfer-out the amount 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. My local number is (202) 219-3580.

Sincerely,



Reports Analyst  
Reports Analysis Division

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**SCIENCE & TECHNOLOGY**

... ACTION COMMITTEE OF THE NATIONAL ... ASSOCIATION ...

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Full Name, Mailing Address and ZIP Code	Name of Employer Title/Department Occupation	Date Rec'd. (Month/Day/Year)	Amount of Cash Received (\$)
[Faded]	[Faded]	01/31/83	150.00
Aggregate Year-to-Date			
Full Name, Mailing Address and ZIP Code	Name of Employer Title/Department Occupation	Date Rec'd. (Month/Day/Year)	Amount of Cash Received (\$)
[Faded]	[Faded]	[Faded]	[Faded]
Aggregate Year-to-Date			
Full Name, Mailing Address and ZIP Code	Name of Employer Title/Department Occupation	Date Rec'd. (Month/Day/Year)	Amount of Cash Received (\$)
[Faded]	[Faded]	[Faded]	[Faded]
Aggregate Year-to-Date			
Full Name, Mailing Address and ZIP Code	Name of Employer Title/Department Occupation	Date Rec'd. (Month/Day/Year)	Amount of Cash Received (\$)
[Faded]	[Faded]	[Faded]	[Faded]
Aggregate Year-to-Date			
Full Name, Mailing Address and ZIP Code	Name of Employer Title/Department Occupation	Date Rec'd. (Month/Day/Year)	Amount of Cash Received (\$)
[Faded]	[Faded]	[Faded]	[Faded]
Aggregate Year-to-Date			
Full Name, Mailing Address and ZIP Code	Name of Employer Title/Department Occupation	Date Rec'd. (Month/Day/Year)	Amount of Cash Received (\$)
[Faded]	[Faded]	[Faded]	[Faded]
Aggregate Year-to-Date			
Full Name, Mailing Address and ZIP Code	Name of Employer Title/Department Occupation	Date Rec'd. (Month/Day/Year)	Amount of Cash Received (\$)
[Faded]	[Faded]	[Faded]	[Faded]
Aggregate Year-to-Date			

PLEASE PRINT

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Injured	Amount of Cash Received for Injury

GRAND TOTAL