



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Joseph J. Cella, Treasurer
Ann Arbor National Political Action
Committee
24 Frank Lloyd Wright Drive
Ann Arbor, MI 48105

Identification Number: C00348045

MAR 13 2001

Reference: 12 Day Pre-General Report (10/1/00-10/31/00)

Dear Mr. Cella:

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:

-The total listed on Line 11(a)(i), Column B of the Detailed Summary Page appears to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B total. Please amend your report and any subsequent reports that may be affected by this correction.

-Please provide the total(s) for Line 15, Columns A and B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-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

ANN ARBOR NATIONAL POLITICAL ACTION COMMITTEE

retribution 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 retribution or transfer-out to another account or receiving a refund.

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 retribution 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 retribution, transfer-out or refund the excessive amount will be taken into consideration.

-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 and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

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 \$5,000 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).

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

ANN ARBOR NATIONAL POLITICAL ACTION COMMITTEE

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.

-Your report discloses no payments for administrative expenses. Administrative expenses are payments made for the purpose of operating a political committee including, but not limited to, rent, utilities, salaries, telephone service, office equipment and supplies. Any such payments to a person aggregating in excess of \$200 in a calendar year must be disclosed on Schedule(s) B, supporting Line(s) 21(b) of the Detailed Summary Page. 2 U.S.C. §434(b)(5) If these expenses are being paid by a connected organization, your Statement of Organization must be amended to reflect this relationship. 2 U.S.C. §433(b)(2) In addition, if expenses have been incurred but not paid in a reporting period, the activity should be disclosed as a debt on Schedule D, if the obligation is \$500 or more, or outstanding for sixty days or more. 11 CFR §104.11

Any goods or services provided to your committee by a person, except volunteer activity (i.e., a person's time), would be considered an in-kind contribution from that person, and would be subject to the disclosure requirements of 2 U.S.C. §434(b)(3) and 11 CFR §104.13, and the limitations and prohibitions of 2 U.S.C. §§441a and 441b.

Clarification regarding administrative expenses should be disclosed during each two year election cycle beginning with the first report filed in the non-election year. Please verify that all expenses referenced above (i.e., rent, salaries, utilities, etc.) have been adequately disclosed. If these services have been provided by volunteers, please confirm this in writing.

-Please amend Schedule B supporting Line 23 by providing the office sought (House or Senate) and state for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

-Schedule B supporting Line 23 discloses contributions to federal candidates for which no election designation has been provided. Please note that if no designation is included in your report, the contributions will

ANN ARBOR NATIONAL POLITICAL ACTION COMMITTEE

be attributed to the next upcoming election for the recipient candidate. Thus, for future reporting purposes, it is in your committee's interest to designate the appropriate election in order to avoid the appearance of excessive contributions made to federal candidates by your committee.

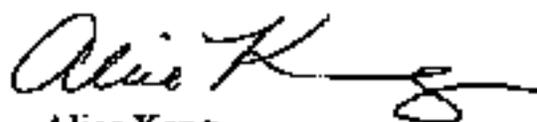
-Please provide the coverage dates of your report on Line 5 of the Summary Page.

-It has come to the attention of the Federal Election Commission that the reports you have filed during the current election cycle do not reflect the appropriate coverage dates for quarterly filing status. Please be advised of the filing dates and coverage periods for the 1999-2000 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

<u>Report Type</u>	<u>Coverage Dates</u>	<u>Due Date</u>
Mid-Year	1/1/99-6/30/99	July 31, 1999
Year End	7/1/99-12/31/99	January 31, 2000
April Quarterly	1/1/00-3/31/00	April 15, 2000
July Quarterly	4/1/00-6/30/00	July 15, 2000
October Quarterly	7/1/00-9/30/00	October 15, 2000
12 Day Pre-General	10/1/00-10/18/00	October 26, 2000
30 Day Post-General	10/19/00-11/27/00	December 7, 2000
Year End	11/28/00-12/31/00	January 31, 2001

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,



Alice Kang
Reports Analyst
Report Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)

THE ANN ARBOR NATIONAL Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALBERT H. LANGSEKAMP RR # 1 BOX 202A COLEBROOK, NH 03576	SIGMA/MICRA CORPORATION Occupation: PRESIDENT	10/11/00	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD M. GABRYS 249 CHARING CROSS COURT BLOOMFIELD HILLS, MI 48304	DELLOITTE + TOUCHE Occupation: LAWYER	10/11/00	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK J. KERZIC P.O. BOX 538 FORDS, N.J. 08863	THRIFT INVESTMENT CORPORATION Occupation: PRES + CEO	10/30/00	10,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS G. McINTYRE 6326 MISSION AVE TRAVERSE CITY, MI 49686	PASSAGE WAYS TRAVEL Occupation: PRESIDENT	10/30/00	2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

CUC

SUBTOTAL of Receipts This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

22500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
THE ANN ARBOR NATIONAL Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CASEY FOR CONGRESS 2000 P.O. BOX 1494 SCRATON, PA 18501	CONGRESS PA - 10 th DISTRICT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/2000	1000.00
ANN NORTHUP FOR CONGRESS P.O. BOX 7313 LOUISVILLE, KENTUCKY 40257	CONGRESS KENTUCKY - 3 rd DISTRICT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/2000	1000.00
WEYGAND COMMITTEE P.O. BOX 7818 WARWICK, R.I. 02887	US SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	1000.00
OK ROGERS FOR CONGRESS 215 S. WASHINGTON SQ, STE 135 LANSING, MI 48933	CONGRESS MICHIGAN - 8 th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	24 Oct 2000	2500.00
ABRAHAM SENATE 2000 26555 EVERGREEN RD, STE 1220 SOUTHFIELD, MI 48076	US SENATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	2500.00
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)	8000.00
TOTAL This Period (last page this line number only)	8000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

THE ANN ARBOR NATIONAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EU SERVICES 649 N. HORNERS LANE ROCKVILLE, MD 20850	SCOTT GARRETT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N.J.	7-10-2000	2515.61
II. Full Name, Mailing Address and ZIP Code MINN. CITIZENS CONCERNED FOR LIFE 4249 NICOLLET AVE MINNEAPOLIS, MN 55409	SCOTT GARRETT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N.J.	7-10-2000	193.08
C. Full Name, Mailing Address and ZIP Code BOWIE KUHN 136 TEAL POINT LANE POINTE VEDRA BEACH, FL 32082	REIMBURSEMENT FOR TRAVEL FOR ABRAHAM EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-11-2000	150.00
D. Full Name, Mailing Address and ZIP Code OK ROGERS FOR CONGRESS P.O. BOX 581 BRIGHTON, MI 48116	MIKE ROGERS 8 th CONGRESSIONAL DISTRICT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-25-2000 9-8-2000	3000.00 2500.00
E. Full Name, Mailing Address and ZIP Code ABRAHAM SENATE 2000 2655 EVERGREEN ROAD STE 1220 SOUTHFIELD, MI 48076	SPENCE ABRAHAM SENATE / MICHIGAN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-25-2000	3000.00
F. Full Name, Mailing Address and ZIP Code FERGUSON FOR CONGRESS P.O. BOX 4205 WARREN, N.J. 07059	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-21-2000	2000.00
G. Full Name, Mailing Address and ZIP Code WEYGAND COMMITTEE 156 MIDWAY ROAD, STE 155 CRANSTON, R.I. 02920	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-22-2000 8-22-2000	2000.00 1000.00
H. Full Name, Mailing Address and ZIP Code	 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	 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)

TOTAL This Period (last page this line number only)

16358.69

