



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-3

September 20, 2001

David Semmel, Treasurer  
Citizens Concerned for the National Interest  
Suite 350  
350 W. Hubbard Street  
Chicago, IL 60610

Identification Number: C00113019

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

Dear Mr. Semmel:

This letter is to inform you that as of September 19, 2001, the Commission has not received your response to our request for additional information, dated August 29, 2001. This notice requests 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 this request (copy enclosed).

An adequate response must be received at the Commission by October 10, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Julie Perry on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

David Semmel, Treasurer  
Citizens Concerned for the National Interest  
Suite 350  
350 W. Hubbard Street  
Chicago, IL 60610

AUG 29 2001

Identification Number: C00113019

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

Dear Mr. Semmel:

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

CITIZENS CONCERNED FOR THE NATIONAL INTEREST  
PAGE 2

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 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 B supporting Line 23 of your report discloses a contribution(s) to a candidate(s) for the 2000 Primary election; however, the funds were disbursed after the election date(s) (pertinent portion(s) attached). Please note that contributions may not be designated for an election which has already occurred unless the funds are to be used to reduce a candidate committee's debts incurred during that election campaign.

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 impermissible contribution, you should notify the recipient and request a refund 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 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 this impermissible activity, 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,



Julie Perry  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER 10

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)

Citizens Concerned for the National Interest

A. Full Name, Mailing Address and ZIP Code

F. Harvey Whittemore  
50 W. Liberty St, Suite 1100  
Reno, NV 89501

Receipt For:

 Primary General Other (specify):

Name of Employer

Self-employed

Occupation

Attorney

Date (month,  
day, year)

8/28/00

Amount of Each  
Receipt this Period

\$10,000

Aggregate Year-to-Date \$

B. Full Name, Mailing Address and ZIP Code

Susan Asher  
211 E Chicago Avenue  
Chicago, IL 60611

Receipt For:

 Primary General Other (specify):

Name of Employer

Occupation

housewife

Date (month,  
day, year)

9/19/00

Amount of Each  
Receipt this Period

\$ 2,000

Aggregate Year-to-Date \$

C. Full Name, Mailing Address and ZIP Code

Receipt For:

 Primary General Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

Aggregate Year-to-Date \$

D. Full Name, Mailing Address and ZIP Code

Receipt For:

 Primary General Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

Aggregate Year-to-Date \$

E. Full Name, Mailing Address and ZIP Code

Receipt For:

 Primary General Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

Aggregate Year-to-Date \$

F. Full Name, Mailing Address and ZIP Code

Receipt For:

 Primary General Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

Aggregate Year-to-Date \$

G. Full Name, Mailing Address and ZIP Code

Receipt For:

 Primary General Other (specify):

Name of Employer

Occupation

Date (month,  
day, year)

Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$12,000

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)

Citizens Concerned for the National Interest

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Berkley 2000 4800 S. Maryland Parkway, Suite J Las Vegas, NV 89119	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	\$5,000
B. Full Name, Mailing Address and ZIP Code Weller for Congress P.O. Box 15283 Washington, DC 20003	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Illinois's Primary	Date (month, day, year) 9/19/00	Amount of Each Disbursement This Period \$2,000
C. Full Name, Mailing Address and ZIP Code Berkley 2000 4800 S. Maryland Parkway, Suite J Las Vegas, NV 89119	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/19/00	Amount of Each Disbursement This Period \$5,000
D. 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
E. 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
F. 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
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)

TOTAL This Period (last page this line number only)

\$12,000

