



FEDERAL ELECTION COMMISSION
WASHINGTON, D. C. 20463

RQ-2

Stan Huckaby, Treasurer
National Republican Senatorial Committee
425 Second Street NE
Washington, DC 20002

MAR 06 2002

Identification Number: C00027466

Reference: May Monthly Report (4/1/01-4/30/01)

Dear Mr. Huckaby:

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:

-A review of the reports filed by your committee (pertinent portion(s) attached) indicates that your committee received one or more transfers from Nebraska Republican Federal Campaign Committee which has not been disclosed on their report(s) of receipts and disbursements. Please provide clarifying information regarding the source of the transfer(s) received by your committee.

-Schedule B supporting Line 29 discloses a transfer of misdeposited funds to your non-federal account; however, it appears that the receipt of these funds has not been reported by your committee. Please provide the original date of receipt of the contribution. In addition, you must amend the report covering the period during which the contribution was received to disclose the receipt on Schedule A supporting the appropriate line of the Detailed Summary Page. 11 CFR §103.3(b)(1)

-Your report discloses memo Schedule A's totaling \$20,750 from the House Senate Dinner Committee, which appears to be a joint fundraising committee. However, there are no corresponding transfers-in from this committee disclosed on Schedule A for supporting Line 12 of the Detailed Summary Page. Please clarify this apparent discrepancy.

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2)) The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

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-On Schedule(s) H4 supporting Line(s) 21(a)(i) and (ii) of the Detailed Summary Page, you have not included the full name and/or mailing address for several vendors listed. Please amend your report accordingly. Due to a printer alignment error, please replace Schedule H4 pages 1, 5, 11, 13, 15, 16, 22, 23, 33, 38, 39 and 56.

-Payments made to credit card companies must identify in memo entries, the original vendors from which you have purchased an item or service. Please amend your report by providing the mailing address, date, amount and purpose of such payments which have been inadequately identified as unitemized 11 CFR § 104.10.

-Schedule H4 or your report discloses voided or returned checks for expenditures made during this or previous reporting periods. Please clarify if and when these checks were reissued. If they were not reissued, please clarify the steps your committee has taken to account for the federal portion of these voided or returned checks in order to avoid the acceptance of a prohibited in-kind contribution.

A response or 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. Electronic filers must file amendments in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. 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,



Andrew J. Dodson
Assistant Branch Chief,
Party/Non-Party Branch
Reports Analysis Division

SCHEDULE A

DETACHED RECEIPTS

Use separate receipts for each category of the Detail of Receipts Page
 PAGE 1 OF 1
 FOR LINE NUMBER 12

Any information required from such Reports and Statements may not be called or used by any person for the purpose of making public information for commercial purposes, other than using the name and address of any political committee to solicit contributions from such sources.

NAME OF COMMITTEE (Print)
NATIONAL POLITICAL ORGANIZATIONAL COMMITTEE **FEC ID No. C04927418**

A Full Name, Mailing Address and ZIP Code National Republican Party 11150 Jackson Ave. Raleigh, NC 27602 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipts:	Name of Employer Party Transfer Occupation	Date (month, day, year) 4/2/01	Amount of Each Receipt this Period 12,440.00
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B Full Name, Mailing Address and ZIP Code Republican Party of Florida 70 S.W. 111 Tallahassee, FL 32304 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipts:	Name of Employer Party Transfer Occupation	Date (month, day, year) 4/9/01 4/30/01	Amount of Each Receipt this Period 12,370.00 200,000.00
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C Full Name, Mailing Address and ZIP Code Nebraska Republican Party 422 S. 9th St. Suite 233 Lincoln, NE 68508 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipts:	Name of Employer Party Transfer Occupation	Date (month, day, year) 4/9/01	Amount of Each Receipt this Period 50,000.00
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D Full Name, Mailing Address and ZIP Code Michigan Republican State Committee 2111 W. Grand River Ave. Lansing, MI 48912-3751 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipts:	Name of Employer Party Transfer Occupation	Date (month, day, year) 4/21/01	Amount of Each Receipt this Period 45,500.00
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E Full Name, Mailing Address and ZIP Code Iowa State Republican Party 10000 Southwester Hwy Des Moines, IA 50319 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipts:	Name of Employer Party Transfer Occupation	Date (month, day, year) 4/4/01	Amount of Each Receipt this Period 90,440.00
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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 Receipts:	Occupation		
	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 Receipts:	Occupation		
	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)			419,775.00
TOTAL This Period (over page One) (Use only one only)			820,775.00

ABT

