



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Colleen McGuigan, Treasurer  
Democratic Party of Wisconsin-Federal  
Account  
222 State Street  
Madison, WI 53703

DEC 23 1998

Identification Number: C00019331

Reference: October Quarterly Report (7/1/98-10/13/98)

Dear Ms. McGuigan:

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 totals listed on Lines 11(a)(i) and 11(a)(ii), Column B of the Detailed Summary Page appear 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 totals. When an individual's aggregate exceeds the \$200 threshold, the amount should not be deducted from the Column B figure for Line 11(a)(ii). Please amend your report and any subsequent reports that may be affected by this correction.

-Your calculations for Lines 21(a)(i), 21(a)(ii), and 21(b), Column B appear to be incorrect. FEC calculations disclose these amounts to be \$224,492.77, \$610,063.14 and \$13,214.04, respectively. Please provide the corrected totals on the Detailed Summary Page.

-You must attempt to obtain the full name, mailing address, occupation and name of employer for all individuals who contribute more than \$200 in a calendar year. In addition, please clarify the aggregate year-to-date contribution from the Menomonee and Ho-Chunk Tribe. Please amend your report to include the omitted information.

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT

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A committee may establish "best efforts" by providing the Commission with a description of its procedures for requesting the information. It is also in the best interests of the committee to provide a copy of its solicitation. In order to establish "best efforts", the committee must demonstrate that it makes at least one request for the information after the contribution is received. This one request must be made for any solicited or unsolicited contribution that, in the aggregate, exceeds the \$200 threshold and lacks the necessary information.

Each solicitation must include a clear and conspicuous request for the information. If a committee receives a contribution that, in the aggregate, exceeds the \$200 threshold but lacks contributor information, the committee must, within 30 days, make a written or oral request for the information. Please note that a written request may not include an additional solicitation or material on any other subject, other than thanking the contributor for the donation, and must include a pre-addressed return post card or envelope for the contributor's response. An oral request must be documented in writing. Committees must also disclose information that was not provided by the contributor, but is available in any of the committee's records for that current election cycle.

If a committee receives contributor information after the contributions have been reported, the committee shall either a) file with its 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 its next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.3(a)(4)(i) and 11 CFR § 104.7)

-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

DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT

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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 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.

-Your EVENT YEAR-TO-DATE calculations for administrative/voter drive are incorrect. EVENT YEAR-TO-DATE totals for administrative and voter drive costs are derived by aggregating all disbursements during the calendar year for the whole Administrative/Voter Drive category. EVENT YEAR-TO-DATE totals for fundraising, direct candidate support, and exempt activities are derived by aggregating all disbursements during the calendar year within a specific event. These should be calculated by adding the latest disbursement for a category or event to the previous EVENT YEAR-TO-DATE total for that category or event. This running EVENT YEAR-TO-DATE total should be disclosed after each disbursement is listed. Please amend your report by providing the correct EVENT YEAR-TO-DATE totals.

-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 1997-1998 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

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<u>Report Type</u>	<u>Coverage Dates</u>	<u>Due Date</u>
Mid-Year	1/1/97-6/30/97	July 31, 1997
Year End	7/1/97-12/31/97	January 31, 1998
April Quarterly	1/1/98-3/31/98	April 15, 1998
July Quarterly	4/1/98-6/30/98	July 15, 1998
October Quarterly	7/1/98-9/30/98	October 15, 1998
12 Day Pre-General	10/1/98-10/14/98	October 22, 1998
30 Day Post-General	10/15/98-11/23/98	December 3, 1998
Year End	11/24/98-12/31/98	January 31, 1999

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) 694-1130.

Sincerely,

*Andrea Wilkens*

Andrea Wilkens  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

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

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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)

Democratic Party of Wisconsin

C00019331

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATHISEN, DENNIS 7283 MISSION HILLS DR LAS VEGAS NV 89113			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/24/98	1,000.00
	Aggregate Year-to-Date > \$	9,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STROTHMAN, GARY 2550 N TERRACE AVE MILWAUKEE WI 53211			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/24/98	250.00
	Aggregate Year-to-Date > \$	250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUMNER, BONNIE 3823 N LAKE DR SHOREWOOD 53211	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/24/98	100.00
	Aggregate Year-to-Date > \$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ONICK, ROGERS 1425 N CASS ST APT 108 MILWAUKEE WI 53202			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/24/98	250.00
	Aggregate Year-to-Date > \$	250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
O'NEILL BRUCE 1911 N HI MOUNT BLVD. MILWAUKEE WI 53208			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/24/98	500.00
	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRAUSE, JOHN SR. N115 W16549 ABBEY CT GERMANTOWN WI 53022			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/24/98	500.00
	Aggregate Year-to-Date > \$	500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHNITZLER, CATHY 1111 N ASTOR ST N A4 MILWAUKEE WI 53202			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/24/98	500.00
	Aggregate Year-to-Date > \$	500.00	

SUBTOTAL of Receipts This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (to Full)**

**Democratic Party of Wisconsin**

**C00019331**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTIN, LARRY 3915 MEYER AVENUE MADISON 53711	DEMOCRATIC PARTY OF WISCONSIN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE DIRECTOR	07/14/98	
	Aggregate Year-to-Date > \$	383.77	93.77
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
MATHISEN, DENNIS 7283 MISSION HILLS DR LAS VEGAS NV 89113			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	07/14/98	
	Aggregate Year-to-Date > \$	9,500.00	8,500.00
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
NASH, EDITH 1730 RIVERWOOD LN WISCONSIN RAPIDS WI 54494			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	07/14/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
LAWTON, BARBARA 1040 S VAN BUREN GREEN BAY 54301	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	07/20/98	
	Aggregate Year-to-Date > \$	725.00	725.00
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
HOOTKIN, STEPHEN  53402			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	07/23/98	
	Aggregate Year-to-Date > \$	5,000.00	5,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
HAZEN, PAUL 4141 N HENDERSON RD #1207 ARLINGTON VA 22203	NATIONAL COOPERATIVE BUSINESS ASS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIEF EXECUTIVE OFFICER	07/23/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
KOHL, HERBERT 325 N JEFFERSON ST MILWAUKEE 53202	UNITED STATES SENATE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation US SENATOR	07/23/98	
	Aggregate Year-to-Date > \$	4,200.00	500.00

**SUBTOTAL of Receipts This Page (optional)** ..... **16,818.77**

**TOTAL This Period (last page this line number only)**.....

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

Democratic Party of Wisconsin

C00019331

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HASNBROUGH, CHARLES 800 NORTH CAROLINA AVE SE WASHINGTON DC 20003			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	08/05/98	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICE, MARY 108 N 3RD STREET BAYFIELD WI 54814			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	08/17/98	
	Aggregate Year-to-Date > \$	5,000.00	5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIEBERT, ROBERT 610 E GREEN TREE RD MILWAUKEE 53217	FRIEBERT, PINERTY & ST. JOHN, SC		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	08/17/98	
	Aggregate Year-to-Date > \$	2,270.00	2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDER, LOUISE 136 W SUBURBAN DR MILWAUKEE WI 53217			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	08/17/98	
	Aggregate Year-to-Date > \$	5,000.00	2,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDER, LOUISE 136 W SUBURBAN DR MILWAUKEE 53217			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	08/17/98	
	Aggregate Year-to-Date > \$	5,000.00	2,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRAWFORD, ALAN 2540 N 124TH ST MILWAUKEE WI 53226			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	08/17/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RENWICK, SUZETTE E. W5433 PINE BLUFF RD. LA CROSSE 54601	STUDENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	08/17/98	
	Aggregate Year-to-Date > \$	5,270.00	5,000.00
SUBTOTAL of Receipts This Page (optional)			18,500.00
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**Democratic Party of Wisconsin**

**C00019331**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RENWICK, SUZETTE E. W5433 PINE BLUFF RD. LA CROSSE WI 54601	STUDENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	03/12/98	10.00
	Aggregate Year-to-Date > \$	270.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RENWICK, SUZETTE E. W5433 PINE BLUFF RD. LA CROSSE 54601	STUDENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	03/13/98	260.00
	Aggregate Year-to-Date > \$	270.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARRINER, READ 7228 N BARNETT LANE MILWAUKEE 53217			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	03/16/98	300.00
	Aggregate Year-to-Date > \$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KOHL, HERBERT 325 N JEFFERSON ST MILWAUKEE 53202	UNITED STATES SENATE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation US SENATOR	03/18/98	1,000.00
	Aggregate Year-to-Date > \$	1,100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SLOTA, THOMAS 2350 W. VILLARD AVE., STE 104 MILWAUKEE WI 53209	ST MICHAEL'S HOSPITAL		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	03/23/98	1,000.00
	Aggregate Year-to-Date > \$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OITZINGER, DOUG 2572 S CIRCUIT DRIVE MARINETTE WI 54143	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	03/23/98	200.00
	Aggregate Year-to-Date > \$	210.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KOHL, HERBERT 325 N JEFFERSON ST MILWAUKEE 53202	US GOVT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation US SENATOR	03/23/98	100.00
	Aggregate Year-to-Date > \$	1,100.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 2,870.00

**TOTAL This Period (last page this line number only)** .....

