FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-5

Mike Norton, Treasurer
Sixth District Democratic
Party of Wisconsin
304 N. South Park Ave.
Oshkosh, WI 54901

Identification Number: C00274407

Reference: Year End Report (7/1/93-12/31/93)

Dear Mr. Norton:

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) from ··an
organization(s) which is not a political committee
registered with the Commission. In order for your
committee to accept contributions from unregistered
organizations into accounts used to influence federal
elections, your committee should take steps to insure
that the contributor(s) used permissible funds to make
the contribution(s) to avoid violating 2 U.S.C.
§§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR
§102.5(b), organizations which are not political
committees under the Act and choose to contribute to
federal committees must either: 1) establish a separate
account which contains only those funds permitted under
the Act, or 2) demonstrate through a reasonable
accounting method that the organization has received
sufficient funds subject to the limitations and
prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or
incorrectly disclosed, you should amend your original
report with clarifying information. In addition, please
clarify whether the contribution(s) received from the
referenced organization(s) is permissible. To the
extent that your committee has received impermissible
funds, the Commission recommends that you transfer the
impermissible funds to an account not used to influence
federal elections or refund the impermissible amount(s)
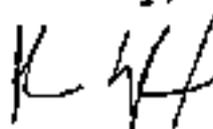to the donor(s) in accordance with 11 CFR §103.3(b).

The Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. 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,

Andrea Silcox
Reports Analyst
Reports Analysis Division

260

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE ___ OF ___
	FOR LINE NUMBER
	a

NAME OF COMMITTEE (In Full)

SIXTH DISTRICT DEMOCRATIC PARTY OF WISCONSIN

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORREST WEBER 750 Appleton St MENASHA, WI 54952 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Appleton Public Schools Occupation School Counselor Aggregate Year-to-Date > $ 200,00	11/26/93 - 12/17/93 12/02/93	11/26/93 -50,00 12/17/93 -50,00 12/2/93 - $125,00
A.S. B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fond Du Lac Democratic Party P.O. Box 1452 Fond du Lac, WI 54936 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 255,00	7/12/93	255,00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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
 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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: ☐ Primary ☐ General ☐ Other (specify):	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: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .... > $ 380,00

TOTAL This Period (last page this line number only) .... > $ 380,00

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