



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

September 14, 1995

Thomas J. Brindley, Treasurer
Alpena County Democratic Party
419 South First Street
Alpena, MI 49707

Identification Number: C00231316

Reference: 1994 October Quarterly (7/1/94-9/30/94) and 1994 Year
End (10/1/94-12/31/94) Reports

Dear Mr. Brindley:

This letter is to inform you that as of September 13, 1995 the Commission has not received your response to our requests for additional information dated August 23, 1995. These notices request 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 these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Wendy Barkley on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

AUG 23 1995

Thomas J. Brindley, Treasurer
Alpena County Democratic Party
419 South First Street
Alpena, MI 49707

Identification Number: C00231316

Reference: 1994 October Quarterly Report (7/1/94-9/30/94)

Dear Mr. Brindley:

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 portions attached) discloses an apparent contribution(s) from a labor organization. 2 U.S.C. §441b(a) prohibits the receipt of contributions from labor organizations unless made from a separate segregated fund established by the labor organization.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a contribution(s) from labor organizations, your committee must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. 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 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. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Celebrating the Commission's 20th Anniversary

YESTERDAY, TODAY AND TOMORROW
DEDICATED TO KEEPING THE PUBLIC INFORMED

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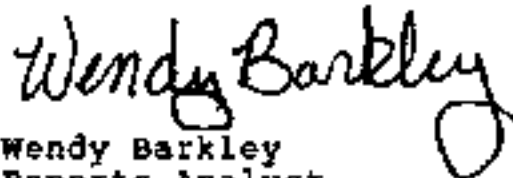
Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

-It appears that your report erroneously utilized a Schedule H4 for itemizing contributions to federal candidates. Please be advised that Schedule H4 is used only by political committees that allocate expenses between separate federal and non-federal accounts. If your committee has only one account, please provide a Schedule B to support the entry reported on Line 23 of the Detailed Summary Page.

-Please provide the totals for Lines 19 and 30, Columns A and B, of the Detailed Summary Page.

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) 219-3580.

Sincerely,



Wendy Barkley
Reports Analyst
Reports Analysis Division

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SCHEDULE A

ITEMIZED RECEIPTS

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)
Alpena County Democratic Party

48	A. Full Name, Mailing Address and ZIP Code <i>Sheet Metal Workers Local 7 419 South Washington Lansing MI 48933</i>		Name of Employer	Date (month, day, year) <i>8/4/24</i>	Amount of Each Receipt this Period <i>500.00</i>
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date <i>\$ 500.00</i>	
	B. 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):		Occupation	Aggregate Year-to-Date <i>\$</i>	
	C. 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):		Occupation	Aggregate Year-to-Date <i>\$</i>	
	D. 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):		Occupation	Aggregate Year-to-Date <i>\$</i>	
	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):		Occupation	Aggregate Year-to-Date <i>\$</i>	
	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):		Occupation	Aggregate Year-to-Date <i>\$</i>	
	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):		Occupation	Aggregate Year-to-Date <i>\$</i>	
SUBTOTAL of Receipts This Page (optional)					<i>500.00</i>
TOTAL This Period (last page this line number only)					<i>500.00</i>

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STANDARD UNIT

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