



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Ann Fishman, Treasurer
Association of State Democratic
Chairs Federal Operating Account
430 South Capitol Street SE
Washington, DC 20003

APR 9 1997

Identification Number: C00259481

Reference: 30 Day Post-General Report (10/1/96-11/25/96)

Dear Ms. Fishman:

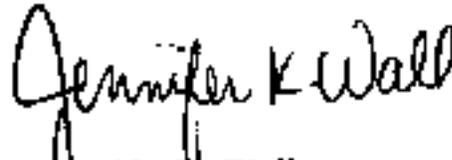
This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B supporting Line 29 (pertinent portion(s) attached) discloses \$1,603 in disbursements to ASDC/Non-Federal for Allocation Reimb. You are advised that 11 CFR §102.5 prohibits a non-federal account from financing activity in connection with federal elections. Please provide clarifying information regarding these transactions including the date(s) when the original activity was conducted by the non-federal account. In addition, if any of the disbursements disclosed on Schedule B supporting Line 29 were made to influence the election or defeat of specific federal candidates, the disbursements should be allocated accordingly and disclosed as either in-kind contributions on Schedule B supporting Line 23, or as coordinated expenditures on Schedule F supporting Line 25. 11 CFR §§104.3(b)(3) and 106.1

Although the Commission may initiate legal action regarding the activities conducted by your non-federal account, any clarifying information that you can provide 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. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in black ink that reads "Jennifer K. Wall". The signature is written in a cursive style with a large initial "J".

Jennifer K. Wall
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Statement Page

PAGE 1 OF 1
FOR LINE NUMBER 29

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)

A. Full Name, Mailing Address and ZIP Code
ASDC/Non-Federal
430 S. Capitol St., SE
Washington, DC 20003

Purpose of Disbursement
Allocation: Reimb.
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
10/17/96
Amount of Each Disbursement This Period
1,603.00

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
Amount of Each Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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)

1,603.00

