



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

March 20, 1997

Marcia Allina, Treasurer
New York State
Democratic Committee
30 East 29th Street, Suite 300
New York, NY 10016

Identification Number: C00143230

Reference: 12 Day Pre-General (10/1/96-10/16/96) and 30 Day Post-General (10/17/96-11/25/96) Reports

Dear Ms. Allina:

This letter is to inform you that as of March 19, 1997, the Commission has not received your response to our requests for additional information dated February 26, 1997. 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 J.P. Andre' on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in cursive script that reads "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Marcia Allina, Treasurer
New York State Democratic
Committee
30 East 29th Street, Suite 300
New York, NY 10016

FEB 26 1997

Identification Number: C00143230

Reference: 30 Day Post-General Report (10/17/96-11/25/96)

Dear Ms. Allina:

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 total listed on Line 11(c), Column B of the Detailed Summary Page appears 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 Line 11(c), Column B total. Please amend your report and any subsequent reports that may be affected by this correction.

-Schedule D discloses \$8,930.63 in payment(s) this period to Zale S. Koff Graphics; however, there are \$6,846.82 in payments reflected on your disbursement schedules. Please amend your report to clarify this discrepancy.

-You have received contributions from numerous entities, which appear to be unincorporated proprietorships or partnerships. Generally, these types of contributions are to be attributed to each person based on their percentage of ownership in the firm. Each person who has contributed in excess of \$200 since January 1 should be identified by name, address, occupation, name of employer, amount of contribution, and aggregate total on Schedule A. 11 CFR §110.1(k) Please amend your report by providing the omitted information.

NEW YORK STATE DEMOCRATIC COMMITTEE
PAGE 2

-You must make an 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. Please amend your report to include the omitted information.

A committee may demonstrate "best efforts" to obtain the required information by providing the Commission with a description of its procedures for requesting the information and may also supply a copy of a solicitation: the committee must request the contributor information in initial solicitations; make follow-up requests (if necessary); report the information; and file amendments to disclose previously unreported information. Each solicitation must include a clear and conspicuous request for the information. If a committee receives a contribution that exceeds the \$200 threshold but lacks contributor information, the committee must, within 30 days, make an additional 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. Furthermore, if a committee receives contributor information after the contributions have been reported, it must submit, with its next report, an amended memo Schedule A listing all the contributions for which additional information was received or file, on or before the next reporting date, amendments to the previous reports on which the contributions were originally disclosed. See 11 CFR §104.3(a)(4)(i) and 11 CFR §104.7.

-Please amend your report by providing the address for each disbursement itemized on Schedule H4 supporting Lines 21(a)(i) and 21(a)(ii).

-Schedule H4 discloses a disbursement(s) for admin/voter event(s) which appears to be using a ratio(s) inconsistent with those disclosed on Schedule H1. Please amend your report to clarify this apparent discrepancy.

NEW YORK STATE DEMOCRATIC COMMITTEE
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-Schedule D discloses that the debt(s) owed to AT&T apparently has been settled. Please note that Commission regulations (11 CFR Part 116) control the settlement of debts between political committees and their creditors. You should be aware that only terminating committees are permitted to settle debts. However, ongoing committees may request a determination from the Commission that a debt is not payable. 11 CFR §116.2(b)

If your committee is terminating, you must complete the enclosed Debt Settlement Plan (FEC FORM 8).

If your committee is ongoing, you may submit a request to the Commission which explains the circumstances, in detail, surrounding a debt(s) which you consider as not payable.

In either case, you must continue to report the debt(s) until you have been notified of the Commission's approval of your debt settlement plan or request. 11 CFR §104.11

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,



J. P. Anderson
Reports Analyst

Reports Analysis Division

DEBT SETTLEMENT PLAN

| | |
|--------------------------|----------------|
| NAME OF COMMITTEE | |
| ADDRESS | |
| CITY, STATE AND ZIP CODE | FEC ID. NUMBER |

PART I — COMMITTEE SUMMARY INFORMATION

| | | | |
|----------------------------------|--|--|--|
| 1. CASH ON HAND AS OF _____ | | 8. TOTAL AMOUNT OF DEBTS OWED BY THE COMMITTEE | |
| 2. TOTAL ASSETS TO BE LIQUIDATED | | 7. TOTAL NUMBER OF CREDITORS OWED | |
| 3. TOTAL (ADD 1 AND 2) | | 8. NUMBER OF CREDITORS IN PART II OF THIS PLAN | |
| 4. YEAR TO DATE RECEIPTS | | 9. TOTAL AMOUNT OF DEBTS OWED TO THE CREDITORS IN PART II OF THIS PLAN | |
| 5. YEAR TO DATE DISBURSEMENTS | | 10. TOTAL AMOUNT TO BE PAID TO CREDITORS IN PART II OF THIS PLAN | |

11. IS THE COMMITTEE TERMINATING ITS ACTIVITIES? 3

YES NO IF YES, WHEN DOES THE COMMITTEE EXPECT TO FILE A TERMINATION REPORT? IF NO, COMMITTEE IS NOT ELIGIBLE TO FILE A DEBT SETTLEMENT PLAN (SEE INSTRUCTIONS)

12. IF THIS IS AN AUTHORIZED COMMITTEE, DOES THE CANDIDATE HAVE OTHER AUTHORIZED COMMITTEES?

YES NO IF YES LIST BELOW.

13. DOES THE COMMITTEE HAVE SUFFICIENT FUNDS TO PAY THE TOTAL AMOUNT INDICATED IN THIS PLAN?

YES NO IF NO, WHAT STEPS WILL BE TAKEN TO OBTAIN THE FUNDS?

14. HAS THE COMMITTEE FILED PREVIOUS DEBT SETTLEMENT PLANS?

YES NO

15. AFTER DISPOSING OF ALL THE COMMITTEE'S DEBTS AND OBLIGATIONS, WILL THERE BE ANY RESIDUAL FUNDS?

YES NO IF YES, HOW WILL THE FUNDS BE DISBURSED?

I certify, to the best of my knowledge, that the information contained in this Debt Settlement Plan is true, correct and complete.

SIGNATURE OF
TREASURER OF
COMMITTEE

DATE

FEC FORM 8
(Effective 1/1/80)

DEBT SETTLEMENT PLAN

PART I

| | | | |
|-------------------|-----------------|------|----|
| NAME OF COMMITTEE | FEC I.D. NUMBER | PAGE | OF |
|-------------------|-----------------|------|----|

CREDITOR SUMMARY INFORMATION (FILL OUT FOR EACH CREDITOR IN PLAN)

| FULL NAME AND MAILING ADDRESS OF CREDITOR | DATE INCURRED | AMOUNT OWED TO CREDITOR | AMOUNT OFFERED IN SETTLEMENT |
|---|---------------|-------------------------|------------------------------|
| | | | |

TYPE OF CREDITOR:

- INCORPORATED COMMERCIAL VENDOR UNINCORPORATED COMMERCIAL VENDOR CANDIDATE COMMITTEE EMPLOYEE OTHER INDIVIDUAL

A. TERMS OF THE INITIAL EXTENSION OF CREDIT AND NATURE OF THE DEBT

B. EFFORTS MADE BY THE COMMITTEE TO PAY THE DEBT

C. STEPS TAKEN BY THE CREDITOR TO COLLECT THE DEBT

CREDITOR SECTION (TO BE FILLED OUT BY CREDITOR)

D. WAS THE EFFORT MADE BY THE CREDITOR TO COLLECT THE DEBT SIMILAR TO OTHER DEBT COLLECTION EFFORTS AGAINST NONPOLITICAL DEBTORS?

- YES NO IF NO, PLEASE EXPLAIN

E. ARE THE TERMS OF THE DEBT SETTLEMENT COMPARABLE TO OTHER SETTLEMENTS MADE BY THE CREDITOR WITH OTHER NONPOLITICAL DEBTORS?

- YES NO IF NO, PLEASE EXPLAIN

As a representative of the creditor, I hereby accept the settlement offer made to me by the committee and upon payment agree to consider the debt satisfied (or attach a copy of the signed settlement).

SIGNATURE OF
CREDITOR OR
REPRESENTATIVE

DATE

DEBT SETTLEMENT PLAN

PART III

| NAME OF COMMITTEE | FEC LD. NUMBER | PAGE | OF |
|---|----------------|--|--|
| LIST REMAINING DEBTS | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | AMOUNT OWED TO CREDITOR | AMOUNT EXPECTED TO PAYOFFER |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | AMOUNT OWED TO CREDITOR | AMOUNT EXPECTED TO PAYOFFER |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | AMOUNT OWED TO CREDITOR | AMOUNT EXPECTED TO PAYOFFER |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | AMOUNT OWED TO CREDITOR | AMOUNT EXPECTED TO PAYOFFER |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | AMOUNT OWED TO CREDITOR | AMOUNT EXPECTED TO PAYOFFER |

DOES THE COMMITTEE HAVE SUFFICIENT FUNDS TO PAY THE REMAINING AMOUNTS TO BE PAID OR OFFERED?

YES
 NO
 IF NO, WHAT STEPS WILL BE TAKEN TO OBTAIN THE FUNDS?