

Fund For American Opportunity

Hon. Spencer Abraham
Chairman

1900 L Street, NW
Suite 610
Washington, DC 20038

RECEIVED
FEDERAL ELECTION
COMMISSION
Mark Valente III
Treasurer

Telephone 202-298-1414
Fax 202-298-1409

February 26, 1999

MEMORANDUM FOR ANDREA WILKENS
Reports Analyst
Reports Analysis Division
Federal Election Commission

FROM: MARK VALENTE III
Treasurer
Fund for American Opportunity
C00336297

Subject: Notice dated February 3, 1999

In response to your notice of February 3, 1999 to our Committee (copy attached), with regard to the 30 Day Post-General Report (10/15/98-11/23/98), please be advised that information you requested is provided on the amended (highlighted area) Schedule C Sheet. Please note that all the loans are unsecured, non-interest bearing and open ended (as to the due date).

Please feel free to contact me should you have any questions or require anything further.

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

FEB 3 1999

Mark Valente III, Treasurer
Fund for American Opportunity
1900 L Street NW, #610
Washington, DC 20036

Identification Number: C00336297

Reference: 30 Day Post-General Report (10/15/98-11/23/98)

Dear Mr. Valente:

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 loan schedule (Schedule C) should disclose the following information: the name and mailing address of the person making or receiving the loan, original amount, cumulative payment, outstanding balance, date incurred, date due, and interest rate for all loans that your committee has received. Please amend Schedule C by providing the date incurred, date due, and interest rate. 11 CFR §§104.3(d) and 104.11(a)

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
Reports Analyst
Reports Analysis Division

of Committee (In Part)

Fund For American Opportunity

A. Full Name, Mailing Address and ZIP Code of Loan Source C laudia Barker Valente 7055 Leestone Street Springfield, VA 22151 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$4900.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$4,900.00
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Term: Date Incurred <u>10-29-98</u> Date Due <u>NONE</u>	Interest Rate <u>0</u> % (apr)	<input type="checkbox"/> Secured
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List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source Mark Valente III 7055 Leestone Street Springfield, VA 22151 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$4,900.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$4,900.00
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Term: Date Incurred <u>10-29-98</u> Date Due <u>NONE</u>	Interest Rate <u>0</u> % (apr)	<input type="checkbox"/> Secured
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List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

Name of Committee (in Full)

Fund For American Opportunity

A. Full Name, Mailing Address and ZIP Code of Loan Source
Dean Valente
1347 Grayton
Grosse Pointe Park, MI 48230

Original Amount of Loan
\$5,000.00

Cumulative Payment To Date
\$5,000.00

Balance Outstanding at Close of This Period
\$-0-

Election: Primary General Other (specify):

Terms: Date Incurred 10-29-98 Date Due NONE

Interest Rate 0% (apr)

Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code

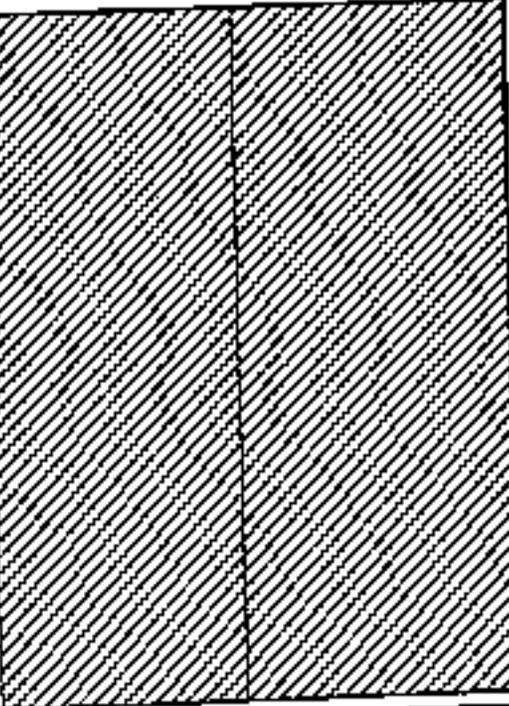
Name of Employer
Occupation
Amount Guaranteed Outstanding:
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Amount Guaranteed Outstanding:
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Amount Guaranteed Outstanding:
\$



B. Full Name, Mailing Address and ZIP Code of Loan Source

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

Election: Primary General Other (specify):

Terms: Date Incurred _____ Date Due _____

Interest Rate _____ % (apr)

Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code

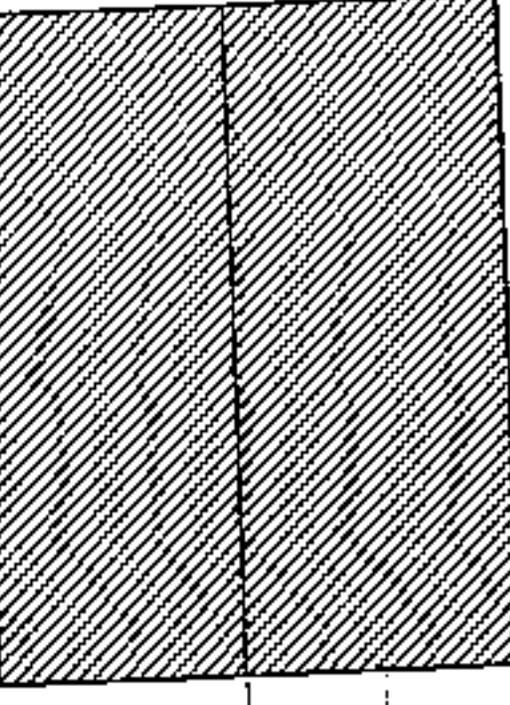
Name of Employer
Occupation
Amount Guaranteed Outstanding:
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Amount Guaranteed Outstanding:
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Amount Guaranteed Outstanding:
\$



SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-27-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	3-1-99 DATE PREPARED