

Democratic Party of Illinois  
P.O. Box 518  
Springfield, IL 62705

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
1999 DEC 17 P 2:34

December 6, 1999

Neil Evans  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
Washington, DC 20463

Re: C00167015  
Mid-Year Report (1/1/99-6/30/99)

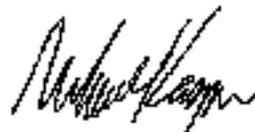
Dear Neil:

Enclosed is a copy of your notice regarding the above mentioned. Please be advised that The deposit from Trippi McMahon and Squier Media was a refund, and should have been reported on line 15, a refund.

In your reference to Schedule H4, the disbursements to CWLP, CILCO, and Charles Robbins Realtor are payments for Rent and utilities. We share office space with Friends of Michael J. Madigan with an 80/20 split. Friends of Michael J. Madigan, pays 80% and we pay 20%.

We hope this answers all your questions and sorry for any inconvenience this may have caused you. If you have any questions, please do not hesitate to call.

Sincerely yours,



Michael J. Kasper, Treasurer



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RE-2

Michael J. Kasper, Treasurer  
Democratic Party of Illinois  
P.O. Box 518  
Springfield, IL 62705

NOV 24 1999

Identification Number: C00167015

Reference: Mid-Year Report (1/1/99-6/30/99)

Dear Mr. Kasper:

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 corporation(s). 2 U.S.C. § 441b(a) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation.

5/3 Line  
15  
Tripp  
refund

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 corporate contribution(s), you 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 41 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.

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.

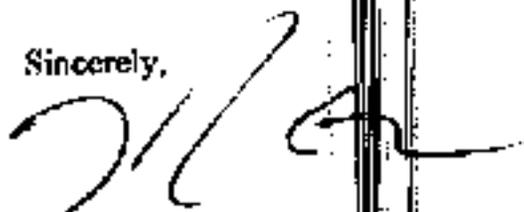
-Schedule H4 discloses disbursements to CWLP, CILCO, and Charles Robbins Realtor where it appears that the committee may be reporting payments of 20% of the total cost of utilities and rent without disclosing debt on Schedule D. If your committee is in debt to these businesses, please declare your debt on Schedule D for Line 10 of the Summary Page. If a portion of your utilities and rent is being paid for by another person, these in-kind contributions should be reported on Schedules A and B. Please amend your report as necessary to clarify this activity.

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Transfers from Democratic Party committees should be properly disclosed on a separate Schedule A, supporting Line 12 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Transfers to your non-federal account should be properly disclosed on a separate Schedule B, supporting Line 22 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

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,



Neil Evans  
Reports Analyst  
Reports Analysis Division

Sharing office space  
see 30  
Friends of Modigen

OK

OK

**SCHEDULE A IDENTIFIED RECEIPTS**

See separate schedule(s) for each category of the Detailed Summary Page

Page 2 of 3  
Form Line Number

Any information copied from such Reports and Statements may not be used or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of the political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full) **DEMOCRATIC PARTY OF ILLINOIS** IDENTIFICATION #: **CDR167915** / 1/1/99 TO 06/30/99

Full Name, Mailing Address and Zip Code  
**TRIPPE MORGANLAND SENIOR MEDIA**  
1029 NORTH BOTAL STREET  
ALEXANDRIA VA 22314

Name of Employer  
**RECEIVED**

Date (month, day, year)  
**06/21/1999**

Amount of Each Receipt this period  
**75000.00**

Occupation  
**RECEIVED**

Aggregate Year-to-Date \$ **75000.00**

Receipt For:

Full Name, Mailing Address and Zip Code  
**9. TODD ARNSTADT**  
205 S. WASHINGTON APT. 2  
MOUNT PULASKI IL 62548

Name of Employer  
**STATE OF ILLINOIS**

Date (month, day, year)  
**06/14/1999**

Amount of Each Receipt this period  
**300.00**

Occupation  
**MEMBERSHIP PAGE**

Aggregate Year-to-Date \$ **300.00**

Receipt For:

Full Name, Mailing Address and Zip Code  
**WILLIAM BIGGEBUM**  
269 HEATON AVENUE  
GLEN ELLYN IL 60137

Name of Employer  
**RECEIVED**

Date (month, day, year)  
**06/14/1999**

Amount of Each Receipt this period  
**300.00**

Occupation  
**RECEIVED**

Aggregate Year-to-Date \$ **300.00**

Receipt For:

Full Name, Mailing Address and Zip Code  
**MONICA CHEST**  
3704 SW TERRITORY DR.  
SPRINGFIELD IL 62707

Name of Employer  
**STATE OF ILLINOIS**

Date (month, day, year)  
**06/16/1999**

Amount of Each Receipt this period  
**300.00**

Occupation  
**ADMINISTRATIVE ASSIST**

Aggregate Year-to-Date \$ **300.00**

Receipt For:

Full Name, Mailing Address and Zip Code  
**DIANA MARGARET DESJERE**  
716 S. DOUGLAS  
SPRINGFIELD IL 62704

Name of Employer  
**ARRIANTH NED ASSOCIATES**

Date (month, day, year)  
**06/14/1999**

Amount of Each Receipt this period  
**300.00**

Occupation  
**COMPUTER CONSULTANT**

Aggregate Year-to-Date \$ **300.00**

Receipt For:

**SUBTOTAL of Receipts this Page (optional)** **76200.00**

