



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-3

February 16, 1995

Jay Brim, Treasurer  
Travis County Democratic Party  
505-B West Lynn  
Austin, TX 78703

Identification Number: C00257519

Reference: 30 Day Post-General Report (10/1/94-11/28/94)

Dear Mr. Brim:

This letter is to inform you that as of February 15, 1995, the Commission has not received your response to our request for additional information, dated January 25, 1995. This notice request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy 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 related to this matter, please contact J.P. Andre' 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

Enclosure

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Jay Brim, Treasurer  
Travis County Democratic Party  
505-B West Lynn  
Austin, TX 78703

JAN 25 1995

Identification Number: C00257519

Reference: 30 Day Post-General Report (10/1/94-11/28/94)

Dear Mr. Brim:

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:

-Please provide the total for Line 11(a)(iii), Columns A and B of the Detailed Summary Page.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s)

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to the donor(s) in accordance with 11 CFR §103.3(b). 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. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a 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 prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts 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,

  
J.P. Andre  
Reports Analyst  
Reports Analysis Division

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**SCHEDULE A**

**FINANCIAL REPORT**

Any information copied from these reports and statements may not be sold or used by any person for any purpose other than to inform the public of the activities of the committee. It is prohibited to use the name and address of any political committee to solicit contributions from such persons.

NAME OF COMMITTEE (in Full)  
**TRAVIS COUNTY DEMOCRATIC PARTY**

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A. Full Name, Mailing Address and ZIP Code Capital Area Trial Lawyers Assn PAC 1227 Colorado Austin TX 78701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Attorney Aggregate Year-to-Date > 3	Date (month, day, year)  10/19/94	Amount of Cash Received This Period  5,000.00
B. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Cash Received This Period
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Cash Received This Period
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Cash Received This Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Cash Received This Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Cash Received This Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Cash Received This Period

SUBTOTAL: Receipts This Page (of 1 of 1)	\$ 5,000.00
TOTAL This Period (last page file the number only)	\$ 5,000.00

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