



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

September 20, 2001

John F. Stafstrom, Jr., Treasurer
Pullman & Comley Political Action Committee
850 Main Street
Bridgeport, CT 06601

Identification Number: C00230201

Reference: ~~Year End (7/1/99-12/31/99), April Quarterly (1/1/00-3/31/00), October~~
~~Quarterly (7/1/00-9/30/00) and 12 Day Pre-General (10/1/00-10/18/00)~~
Reports

Dear Mr. Stafstrom:

This letter is to inform you that as of September 19, 2001 the Commission has not received your response to our requests for additional information dated August 29, 2001. 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).

An adequate response must be received at the Commission by October 10, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Erik Koeppen on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

John F. Stafstrom, Jr., Treasurer
Pullman & Comley Political Action
Committee
850 Main Street
Bridgeport, CT 06601

AUG 29 2001

Identification Number: C00230201

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Mr. Stafstrom:

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 of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$1,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR §102.2(a)(3)

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) 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 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Erik W. Koeppen
Reports Analyst
Reports Analysis Division

CHECKABLE B

ITEMIZED DISBURSEMENTS

See all page numbers on each category of the Data Entry Page
 PAGE 1 OF 1
 FOR LINE NUMBER 23

Any information copied from this report and its contents may not be sold or used by any person for the purpose of making contributions or for any other purpose, other than using the name and address of any political committee to solicit contributions from such donor.

NAME OF COMMITTEE (in Full)
 Pullman & Conway Political Action Committee

EWK

EWK

NAME OF COMMITTEE (in Full)	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 South Capital Street, SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$2,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 140 Main Street, Suite 3 Danbury, CT 06810	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$1,500.00
C. Full Name, Mailing Address and ZIP Code Larson for Congress c/o Moultonbar & Walsh 328 Mitchell Street Groton, CT 06340	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Geddeson For Congress 2906 Rayburn Building Washington, DC 20525	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Democratic National Committee Federal Account 430 South Capital Street, SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/00	\$5,000.00
F. Full Name, Mailing Address and ZIP Code Christopher Maye for Congress 132 East Putnam Avenue Cos Cob, CT 06807	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$3,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			\$13,500.00
TOTAL This Period (see page 1 for line number only)			\$13,500.00

SCHEDULE B

ITEMIZED CONTRIBUTIONS

This schedule is to be attached to the Statement of Financial Interests. PAGE 1 OF 3
PCRP LINE NUMBER 33

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

NAME OF COMMITTEE OR FUND
Bullman & Cooley Political Action Committee

EWK

NAME OF CONTRIBUTOR	PURPOSE OF CONTRIBUTION	DATE (month, day, year)	AMOUNT OF EACH CONTRIBUTION THIS PERIOD
A. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 240 Main Street, Suite 3 Danbury, CT 06810	Contribution Contributed by: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Contribution Contributed by: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Contribution This Period

SUBTOTAL of Contributions (This Page only) 1,000.00

TOTAL This Period (Self page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Also separate schedule(s) for each other page. Complete Summary Page PAGE 1 OF 1 FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of creating confidential OIG or for commercial purposes, other than using the name and address of any person appearing on such Reports and Statements for such purposes.

NAME OF CONTRIBUTOR (in Full) Fullman & O'Leary Political Action Committee

EWK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contributed	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Maloney 240 Main Street, Suite 3 Northbury, CT 06810	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/99	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (Sum Page This Line Number with) _____ 2,500.00