



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-3

February 25, 1999

Mary Maloney, Treasurer  
Iowa Democratic Party  
5661 Fleur Drive  
Des Moines, IA 50321

Identification Number: C00035600

Reference: 12 Day Pre-General Report (10/1/98-10/14/98)

Dear Ms. Maloney:

On February 3, 1999, you were notified that a review of the above-referenced report(s) raised questions as to specific contributions and/or expenditures, and the reporting of certain information required by the Federal Election Campaign Act. In addition, the aggregate year-to-date total for this entity is disclosed as \$15,000, with no prior disclosure of receipts from this entity.

Your February 5, 1999 response is incomplete because you have not provided all the requested information. For this response to be considered adequate, the following information is still required.

-Schedule H4 discloses a disbursement(s) which is categorized as direct candidate support; however, a Schedule H2 has not been filed to disclose the allocation ratio. All committees are required to allocate the payment for direct candidate support in which the committee collects both federal and non-federal funds. The costs are allocated according to the time and space method or funds received ratio and reported on Schedule H2. 11 CFR §§106.5(f) and 106.6(d). Please file a Schedule H2 to disclose the ratio for the direct candidate support activity.

-Schedule A 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(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or

person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). 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 granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

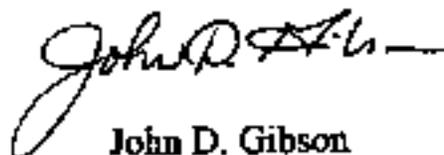
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

If this information is not received by the Commission 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 Debbie Chacona on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,



John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
to each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER  
11(c)Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions  
or for commercial purposes, other than using name and address of a political committee to solicit from contributions from such committee.

NAME OF COMMITTEE (in Full)

Iowa Democratic Party (Federal Division)

A	Full Name, Mailing Address, & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		Rob Tully for Congress PO Box 881 Dubuque, IA 52004-0881	Occupation	10/05/98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):		Aggregate Year-to-Date		\$5000.00
B	Full Name, Mailing Address, & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		UAW V-CAP 6000 E. Jefferson Detroit, MI 48214	Occupation	10/05/98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):		Aggregate Year-to-Date		\$15000.00
C	Full Name, Mailing Address, & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		Democratic Congressional Campaign Committee 430 S. Capitol St SE Washington, DC 20003	Occupation	10/14/98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):		Aggregate Year-to-Date		\$38000.00
D	Full Name, Mailing Address, & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		NEA - PAC 1201 18th St NW Washington, DC 20036	Occupation	10/14/98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):		Aggregate Year-to-Date		\$6000.00
E	Full Name, Mailing Address, & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		Oetenberg for Citizens PO Box 98 Mt Vernon, IA 52314	Occupation	10/14/98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):		Aggregate Year-to-Date		\$5100.00
	Full Name, Mailing Address, & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):		Aggregate Year-to-Date		
	Full Name, Mailing Address, & Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other(specify):		Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page				\$55,600.00
TOTAL This Period				\$55,600.00

