FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

December 30, 1999

Florence M. Johnson, Treasurer
Committee on Letter Carriers Political
Education
100 Indiana Avenue, NW
Washington, DC 20001

Identification Number: C00023580

Reference: April Monthly Report (3/1/99-3/31/99)

Dear Ms. Johnson:

This letter is to inform you that as of December 29, 1999, the Commission has not received your response to our request for additional information, dated December 8, 1999. This notice requests 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 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 regarding this matter, please contact Christine E. Burkhart on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

Peter Bell

for John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Florence M. Johnson, Treasurer
Committee on Letter Carriers Political
Education
100 Indiana Avenue, NW
Washington, DC 20001

DEC 8 1999

Identification Number: C00023580

Reference: April Monthly Report (3/1/99-3/31/99)

Dear Ms. Johnson:

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 multicandidate committee from making a contribution to a national political party in excess of $15,000 in a calendar year.

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 $15,000. In the best interest of your committee, all refunds should be made within sixty days of the treasurer's receipt of the contribution.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund 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.

Although the Commission may take further legal action concerning the excessive contribution(s), prompt action in obtaining a refund 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) 694-1130.

Sincerely,

Christine E. Burkhart
Reports Analyst
Reports Analysis Division

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed 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 soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee on Letter Carriers Political Education

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Camp. Comm 430 South Capitol Street, SE Washington, DC 20003	Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Organizational	03/26/99	$ 15,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nat'l Republican Congressional Comm 320 First Street SE Washington, DC 20003	Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Organizational	03/26/99	$ 15,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$ 30,000.00

FEC FORM 3X

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NALC PAL 9

A. Full Name, Mailing Address and ZIP Code Gail Dorfman Vol. Comm 2720 – W 43rd St. Suite 200 Edina, MN 55410	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 2/11/99	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code MN State DFL 352 Wacouta St St. Paul, MN 55101	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 2/13/99	Amount of Each Disbursement This Period 1250.00
C. Full Name, Mailing Address and ZIP Code DCCC (FBC 30 C00000935) P.O. Box 14791 Mpls, MN 55414	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 3/24/99	Amount of Each Disbursement This Period 1000.00
D. Full Name, Mailing Address and ZIP Code Dan Erhart Vol. Comm 4120 – 115th Ave NW Coon Rapids, MN 55433	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 3/27/99	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Bill Luther For Congress 1399 Geneva Ave Suite 103 Oakdale, MN 55128	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 4/22/99	Amount of Each Disbursement This Period 1000.00
F. Full Name, Mailing Address and ZIP Code Sabo For Congress P.O. Box 14791 Mpls, MN 55406	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 5/19/99	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	5250.00

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