



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

RQ-2

Warren G. Sweeney, Treasurer  
New York State Right to Life Political Action  
Committee  
41 State Street Suite 611  
Albany, NY 12207

NOV 7 2001

Identification Number: C00105080

Reference: July Quarterly Report (4/1/00-6/30/00)

Dear Mr. Sweeney:

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. Please be advised that contributions to Presidential candidates are governed by specific regulations. All Presidential primary elections held during an election year are considered one election for the purpose of the contribution limits. Therefore, a multicandidate committee may give only \$5,000 to a Presidential candidate's primary election campaign, regardless of how many separate state Presidential primaries the candidate participates in. 11 CFR §§110.1(j)(1) and 110.2(i)(1)

In addition, please note that general election contributions to Presidential campaigns are not permitted if the candidate receives public funds. (An exception: Political committees may contribute to a publicly funded Presidential nominee's "compliance fund." A compliance fund is used solely for legal and accounting expenses incurred in complying with the election law. Gifts to compliance funds are considered contributions and are subject to usual per-candidate, per-election limits.) 11 CFR §9003.3(a)

NEW YORK STATE RIGHT TO LIFE POLITICAL ACTION COMMITTEE  
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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 \$5,000. 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. 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.

-Schedule D of your report has failed to include certain information. Commission Regulations require the full name and mailing address of each creditor, the outstanding balance at the beginning and end of the reporting period, the amount incurred during the period, the payment made during the period, and the nature or purpose of each debt. Additionally, all debts must be reported continuously until extinguished or settled. Please amend your report by providing the purpose of the debt. 11 CFR §104.11

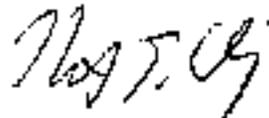
-Be advised that you have used an incorrect committee identification number on the Summary Page of your report(s). Please file all future reports and correspondence using your correct identification number, C00105080, to avoid potential errors in entering your reports onto the public record.

-Please amend Schedule B supporting Line 23 by providing the office sought (House, Senate or President), state and address for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

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,



Nicholas T. Ebinger  
Reports Analyst  
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)  
 New York State Right to Life Committee, Inc.  
 Political Action Committee

NY  
 NY

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
N.Y.S. Conservative Party 486 78th Street Fort Hamilton Station, N.Y. 12209	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/00	\$5,000.00
B. Full Name, Mailing Address and ZIP Code MDS COMMUNICATIONS 5005 So. Ash Ave. #15 Tempe, Arizona 85282	Purpose of Disbursement George W. Bush Phoning: Get out vote Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/00	11,081.60
C. Full Name, Mailing Address and ZIP Code N.Y.S. Conservative Party 486 78th Street Fort Hamilton Station, N.Y. 12209	Purpose of Disbursement Journal Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5/11/00	150.00
D. Full Name, Mailing Address and ZIP Code Grucci For Congress 1st Congressional District	Purpose of Disbursement Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/26/00	5,000.00
E. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
F. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	21,231.60
TOTAL This Period (last page this line number only)	21,231.60

