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THE NEW YORK STATE DEMOCRATIC COMMITTEE
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MAR 8 2 35 PM '96

John Hest,
State Chair

JOHN T. SULLIVAN, JR.
Executive Chair

March 6, 1996

VIA FEDERAL EXPRESS

Donald L. Averett
Senior Reports Analyst
Reports Analysis Division
FEDERAL ELECTION COMMISSION
Washington, D.C. 20463

Dear Mr. Averett:

The Fundraising Compliance Protocol I mentioned in my February 5, 1996 letter to you (at page 3) has been completed by the State Committee staff. I am transmitting it herewith, with the Compliance Phone and Mail Record sheet and standard solicitation forms used in connection with two recent fundraising events. If you have any suggestions on the Protocol, please let us know.

Sincerely,


William S. Greenawalt
Acting Treasurer

cc: Patrick Schaefer, Exec. Dir.

Enclosure

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NEW YORK STATE DEMOCRATIC COMMITTEE
FUNDRAISING
COMPLIANCE PROTOCOL

The following is a step-by-step protocol for all NYSDC compliance:

1. **Sort contributions:** Sort contributions that arrive in the daily mail into like groups as identified by code or event.

Responsibility: Director of Operations or Executive Director

2. **Batch checks:** Separate checks with their donor cards into groups of 25 or fewer (keeping like groups together as much as possible). In numeric sequence assign the batch a number. These batches will be entered onto a bank deposit ticket.

Responsibility: Director of Operations, Staff assistant

FOR EACH BATCH

3. **Total checks:** For each original batch of checks, with an adding machine, provide a monetary total. Write "batch #__ checks" on the adding machine tape.

Responsibility: Director of Operations or Executive Director

4. **Photocopy checks:** Make two copies of each check with its donor card. Keep groups of checks and copies in the same order as shown on the adding machine tape. These copies will be the State Committee's record of a contribution. Separate donor cards from the checks and place in a separate file.

Responsibility: Director of Operations, Staff assistant

5. **Compliance information review:** ALL CHECK AND DONOR CARD COPIES MUST REFLECT FULL NAME, MAILING ADDRESS, OCCUPATION AND NAME OF EMPLOYER. A RECORD WITH MISSING INFORMATION MUST BE COPIED ONTO THE PROVIDED COMPLIANCE SHEET AND GIVEN TO THE EXECUTIVE DIRECTOR.

Responsibility: Director of Operations or Executive Director

see research procedures.

6. **Total Photocopies:** for each photocopied batch, with an adding machine, provide a monetary total. Write "batch #__ copies" on the adding machine tape.

Responsibility: Director of Operations, Staff assistant

7. **Compare Math:** Compare the totals of the two adding machine tapes; if they do not equal, rework until they equal. Of course, they must equal.

Responsibility: Director of Operations or Executive Director

8. **Deposit preparation:** Stamp checks with NYSDC endorsement. On deposit slip, list check amounts in the exact same order as the checks and copies are grouped.

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Total amounts one more time to be sure there are no errors. Fill in total, number of items and write batch # on deposit slip.

Responsibility: Director of Operations or Executive Director

9. **Batch cover sheets:** Make two photocopies of the pair of adding machine tapes, side by side. On each copy write the following: actual date of deposit, all event codes/category names that are included in the batch and batch number. Attach one copy to top of each batch of check copies.

Responsibility: Director of Operations, Staff assistant

10. **Distribute:**

1. Checks and deposits slips to bank
2. 1 set of copies to batchbook then to data entry
3. 1 set of copies + adding machine tapes + deposit slip copies to treasurer
4. **Copy of compliance request to Executive Director**

Responsibility: Director of Operations

RESEARCH PROCEDURES ON MISSING INFORMATION

A. **Initial solicitation:** Standard invitations will include a request for all information as required by the Federal Election Commission. Attached please find two standard solicitation forms.

B. **Calendar:** Review compliance records and schedule a call.

Responsibility: Executive Director

C. **Oral request:** Within ten (10) days of receipt of the check, a phone call to the contributor will be placed. The request will be documented on the compliance record detailing date, number called, and result of attempt.

Responsibility: Executive Director

D. **Written request:** Review the compliance sheet. Individuals who have not responded within fifteen (15) days will receive a standard information request letter and an explanation of the federal disclosure requirements. Included will be a pre-addressed return envelope for the contributor's response.

Responsibility: Executive Director

E. **Schedule A:** If information is received after a report is filed, the missing information will be placed on an amended Schedule A and filed before the next reporting date.

Responsibility: Executive Director

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place check here

COMPLIANCE PHONE & MAIL RECORD

	A	B	C	D	E	F
1	Name of Caller	Phone Number	CALL #1	Call #2	Mail, date	Information/notes
2						
3						
4						
5						
6						
7						
8						
9						
10						

9503032506

Reception for George Stephanopoulos

February 6, 1996

Yes, I will attend the reception for Mr. Stephanopoulos. Enclosed is my check for \$ _____ for _____ ticket(s) @ \$1,000 suggested contribution.

I am unable to attend but would like to contribute the following amount to benefit the Democratic Party in New York State \$ _____

Please make checks payable to New York State Democratic Committee.
Return in the enclosed envelope to 20 East 29th St., Suite 300, New York, NY 10016

Name _____	Employer _____
Address _____	Title or Position _____
City/State/Zip _____	Occupation _____

(Additional information to complete, see reverse side)

To help us better communicate with you, please provide the following information:

Res. Phone () _____ Bus. Phone () _____

Res. Fax () _____ Bus. Fax () _____

Corporate checks, Political and Campaign Committee checks, PAC checks, and personal checks can be accepted for deposit in the State Committee accounts. Contributions that would be subject to Federal law will be deposited into the Federal account and all other contributions will be deposited into the appropriate State accounts.

Under Federal law, the State Committee is required to request and disclose employment information for individuals who contribute more than \$200 in a calendar year.

Fund for by NY State Democratic Committee, Judith Hood, State Chair and John T. Sullivan, Executive Chair

Political Contributions are not tax deductible. For more information, please call Patrick Schaefer at (212) 725-4825

9 5 6 3 0 3 3 2 5 0 7



Clinton ★ Gore

VICTORY '96

From OUR HOUSE to the WHITE HOUSE PARTY

Dear Friend,

On Primary Night March 7th, New Yorkers will gather at house parties across this great state to hear an inspirational message from President Clinton and raise much needed funds so we can coordinate our campaign efforts on behalf of Democrats running for Congress, the State Assembly, and the State Senate.

We invite you to join us and listen to the President, who will speak to us via a live teleconference call, as he discusses the upcoming campaign and his efforts in Washington to fight for the elderly, quality education, and a clean environment.

Host(s): _____

Date: Thursday, March 7th

Location: _____

Time: _____ to _____

Suggested Contribution: _____

Phone: _____

Scissors along this line ★ Complete and return to host

- Yes, if we will be able to attend; enclosed is my check for \$ _____
- No, if we will not be able to attend, but please accept my contribution of \$ _____

Information Required by the Federal Election Commission

Your contribution to New York State Democratic Committee Victory '96 may be used in connection with federal elections and would then be subject to federal contributions and limitations. Political contributions are not tax-deductible. Under federal law, the State Committee is required to request and disclose employment information for individuals who contribute more than \$200 in a calendar year.

Make checks payable to "NYS DEMOCRATIC COMMITTEE/VICTORY '96"

Name	First _____ Middle _____ Last _____	Occupation	_____
Res. Address	Street _____	Bus. Address	Street _____
	City _____ State _____ Zip _____		City _____ State _____ Zip _____
Res. Phone	Area Code _____ _____	Bus. Phone	Area Code _____ _____

Sold For by The New York State Democratic Committee

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**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

9 5 0 3 0 3 3 2 5 0 9

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 3-11-96
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>MS</i> PREPARER	3-11-96 DATE PREPARED