



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Leonard S. Miller, Treasurer  
American Council of Life Insurance,  
Life Insurance PAC  
1001 Pennsylvania Avenue NW  
Washington, DC 20004

JAN 27 2000

Identification Number: C00147066

Reference: December Monthly Report (11/1/99-11/30/99)

Dear Mr. Miller:

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 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.

-You must attempt to obtain the full name, mailing address, occupation and name of employer for all individuals who contribute more than \$200 in a calendar year. Please amend your report to include the omitted information.

A committee may establish "best efforts" by providing the Commission with a description of its procedures for requesting the information. It is also in the best interests of the committee to provide a copy of its solicitation. In order to establish "best efforts", the committee must demonstrate that it makes at least one request for the information after the contribution is received. This one request must be made for any solicited or unsolicited contribution that, in the aggregate, exceeds the \$200 threshold and lacks the necessary information.

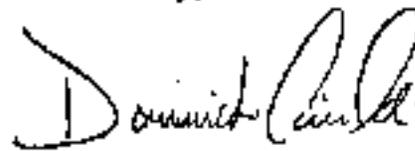
Each solicitation must include a clear and conspicuous request for the information. If a committee receives a contribution that, in the aggregate, exceeds the \$200 threshold but lacks contributor information, the committee must, within 30 days, make a written or oral request for the information. Please note that a written request may not include an additional solicitation or material on any other subject, other than thanking the contributor for the donation, and must include a pre-addressed return post card or envelope for the contributor's response. An oral request must be documented in writing. Committees must also disclose information that was not provided by the contributor, but is available in any of the committee's records for that current election cycle.

If a committee receives contributor information after the contributions have been reported, the committee shall either a) file with its next regularly

scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before its next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.3(a)(4)(i) and 11 CFR § 104.7)

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,



Dominick Ciaraldi  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER  
11(e)

## Contributions From Other Political Committees (such as PACs)

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)  
American Council of Life Insurance PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ReliaStar Federal PAC P. O. Box 20 Minneapolis, MN 55440-0020	ReliaStar Federal PAC	11/04/1999	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$ 5,000.00		
PrinPAC 711 High Street Essex, MA 01822	PrinPAC	11/04/1999 11/11/1999	\$2,500.00 \$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: c/o Principal Financial Group Aggregate Year-to-Date: \$ 7,500.00		

SUBTOTAL of Receipts This Page (optional) .....	\$ 10,000.00
TOTAL This Period (last page this line number only) .....	\$ 10,000.00

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER  
11(c)

## Contributions From Other Political Committees (such as PACs)

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)  
American Council of Life Insurance PAC

Full Name, Mailing Address and ZIP Code New York Life PAC 51 Madison Avenue New York, NY 10010	Name of Employer New York Life PAC	Date (month, day, year) 3/30/1999	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$ 5,000.00$	
Full Name, Mailing Address and ZIP Code Penn Mutual PAC Independence Square R2G Philadelphia, PA 19172-0001	Name of Employer Penn Mutual Life Insurance Company	Date (month, day, year) 3/23/1999	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$ 5,000.00$	
Full Name, Mailing Address and ZIP Code ULLICO PAC 111 Massachusetts Avenue, NW Washington, DC 20001	Name of Employer Union Labor Life Insurance Company	Date (month, day, year) 3/30/1999	Amount of Each Receipt this Period \$3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$ 3,000.00$	
Full Name, Mailing Address and ZIP Code Principal Financial Group PrlnPAC 711 High Street Des Moines, IA 50392	Name of Employer Principal Financial Group PrlnPAC	Date (month, day, year) 3/15/1999	Amount of Each Receipt this Period \$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$ 2,500.00$	

SUBTOTAL of Receipts This Page (optional)	\$ 15,500.00
TOTAL This Period (last page this line number only)	\$ 40,500.00

