



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Ron Oliver, Treasurer
The Democratic Party of Arkansas
Federal Account
1300 West Capitol
Little Rock, AR 72201

AUG 23 2000

Identification Number: C00024372

Reference: Amended April Quarterly Report (1/1/00-3/31/00), received 5/24/00

Dear Mr. Oliver:

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:

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

~~First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))~~

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the

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contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your 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 your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-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.

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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.

-A review of the reports filed by your committee (pertinent portion(s) attached) indicates that your committee received a transfer(s) from DNC Services Corporation/Democratic National Committee which has not been disclosed on their report(s) of receipts and disbursements. Please provide clarifying information regarding the source of the transfer(s) received by your committee.

-Schedule H4 of your report discloses disbursements for the "Administrative/Voter Drive" category which use a ratio that is inconsistent with the 28% ratio disclosed on Schedule H1 for the 2000 election cycle. The ballot composition ratio for the allocation of administrative and generic voter drive expenses should be the same for the full two-year election cycle. Please amend your report to clarify this apparent discrepancy.

Please note that if your non-federal account has overpaid your federal account because of this miscalculation, it will be necessary to immediately transfer these funds back to the non-federal account. While the Commission may take further legal action concerning any impermissible overpayments by the non-federal account, your prompt action will be taken into consideration.

-Payments made to credit card companies must identify the original vendors from which you have purchased an item or service if your payments to these vendors have exceeded \$200 this year. Please amend your report by providing the mailing address, date, amount and purpose of such payments as required by 11 CFR §104.9(b).

A written response or an amendment to your original report(s) correcting the above

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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,

A handwritten signature in black ink, appearing to read "Neil Evans", written over a horizontal line.

Neil Evans

Reports Analyst

Reports Analysis Division

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

11(a)(i)

Any information copied from such Reports and Statements may not be 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)
Democratic Party of Arkansas - Federal Account

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Watkins 8300. Cave City, AR 72521- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date -> 58300.00	03/22/2000	58300.00
Paul Weaver P. O. Box 33 Violet Hill, AR 72584- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Judge Aggregate Year-to-Date -> \$1300.00	Date (month, day, year) 03/22/2000	Amount of Each Receipt this Period \$1300.00
Joe White 29 Salem Rd. Conway, AR 72032- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Manager Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 01/07/2000	Amount of Each Receipt this Period \$1000.00
Arnell Willis 219 Fairview St West Helena, AR 72390- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Businessman Aggregate Year-to-Date -> \$1300.00	Date (month, day, year) 03/22/2000	Amount of Each Receipt this Period \$1300.00
Richard Wolfe 007C Highway 319, W. Austin, AR 72007- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 02/03/2000	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$12150
TOTAL This Period (last page this line number only)	\$106355

SCHEDULE A

ITEMIZED RECEIPTS

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

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11(a)(i)

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NAME OF COMMITTEE (in Full)

Democratic Party of Arkansas - Federal Account

A. Full Name, Mailing Address and Zip Code Steve Oglesby P. O. Box 1 Hatfield, AR 71945- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Arkla Occupation Service Aggregate Year-to-Date ->	Date (month, day, year) 03/22/2000 Aggregate Year-to-Date ->	Amount of Each Receipt This Period \$1300. Aggregate Year-to-Date ->
B. Full Name, Mailing Address and Zip Code Patricia L. Penn #6 Pennacook Trace Cherokee Village, AR 72529- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 01/26/2000 Aggregate Year-to-Date ->	Amount of Each Receipt This Period \$1000. Aggregate Year-to-Date ->
C. Full Name, Mailing Address and Zip Code John Pittman 7 Foxhunt Trail Little Rock, AR 72207- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/22/2000 Aggregate Year-to-Date ->	Amount of Each Receipt This Period \$8300. Aggregate Year-to-Date ->
D. Full Name, Mailing Address and Zip Code Jim Pledger P.O. Box 920 Danville, AR 72833- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer state of Arkansas Occupation Director, State Fair Aggregate Year-to-Date ->	Date (month, day, year) 01/07/2000 Aggregate Year-to-Date ->	Amount of Each Receipt This Period \$1000. Aggregate Year-to-Date ->
E. Full Name, Mailing Address and Zip Code Willard Proctor 1619 S. Broadway Little Rock, AR 72206- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/22/2000 Aggregate Year-to-Date ->	Amount of Each Receipt This Period \$3000. Aggregate Year-to-Date ->
F. Full Name, Mailing Address and Zip Code Andree Roof Pine Bluff, AR 71601- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/20/2000 Aggregate Year-to-Date ->	Amount of Each Receipt This Period \$4150. Aggregate Year-to-Date ->
G. Full Name, Mailing Address and Zip Code Tommy Roebuck 626 Gaddo St Arkadelphia, AR 71923 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Doctor Aggregate Year-to-Date ->	Date (month, day, year) 03/24/2000 Aggregate Year-to-Date ->	Amount of Each Receipt This Period \$1300. Aggregate Year-to-Date ->

SUBTOTAL of Receipts This Page (optional)

\$20050

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Democratic Party of Arkansas - Federal Account

A. Full Name, Mailing Address and Zip Code ASPC Dollars for Democrats 430 S. Capitol St., S.E. Washington, DC 20003-4024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation No Occupation Aggregate Year-to-Date ->	Date (month, day, year) 02/03/2000 Aggregate Year-to-Date ->	Amount of Receipt this Period \$6116
B. Full Name, Mailing Address and Zip Code Democratic National Committee 430 South Capitol, SE Washington, DC 20003- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 01/07/2000 Aggregate Year-to-Date ->	Amount of Receipt this Period \$3905
C. Full Name, Mailing Address and Zip Code Democratic National Committee 430 South Capitol, SE Washington, DC 20003- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 02/23/2000 Aggregate Year-to-Date ->	Amount of Receipt this Period \$1915
D. Full Name, Mailing Address and Zip Code Democratic National Committee 430 South Capitol, SE Washington, DC 20003- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 03/08/2000 Aggregate Year-to-Date ->	Amount of Receipt this Period \$7666
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$1960

TOTAL This Period (last page this line number only)

\$1960

