



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Chris Wutzer, Treasurer  
Campaign For A New American Century  
1922 West End Ave., 2nd Floor  
Nashville, TN 37203

JUN 24 1998

Identification Number: C00281923

Reference: April Quarterly Report (1/1/98-3/31/98)

Dear Mr. Wutzer:

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:

-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.

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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)

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to include the total EVENT YEAR-TO-DATE amount for payment(s) to all payees. Please amend your report to include the missing EVENT YEAR-TO-DATE total(s).

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). In order to protect the

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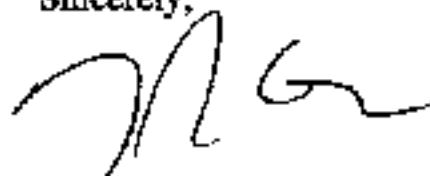
donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts 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,



**Neil Evans**  
**Reports Analyst**  
**Reports Analysis Division**

SCHEDULE A

ITEMIZED RECEIPTS

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 committees.

NAME OF COMMITTEE (In Full)  
Campaign for a New American Century

MS

|   |                        |                         |                                    |
|---|------------------------|-------------------------|------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>T.W.H.E.A. PAC<br>P.O. Box 286<br>Lewisburg, TN 37091                                | Name of Employer       | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation             | 01/22/98                |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Aggregate Year-to-Date | \$ 5,000.00             | 5,000.00                           |
|   |                        |                         |                                    |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Bell South Employees PAC<br>333 Commerce Street<br>Suite 2104<br>Nashville, TN 37201 | Name of Employer       | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation             | 03/06/98                |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Aggregate Year-to-Date | \$ 5,000.00             | 5,000.00                           |
|   |                        |                         |                                    |
| <b>C. Full Name, Mailing Address and ZIP Code</b>   | Name of Employer       | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation             |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Aggregate Year-to-Date | \$                      |                                    |
|   |                        |                         |                                    |
| <b>D. Full Name, Mailing Address and ZIP Code</b>   | Name of Employer       | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation             |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Aggregate Year-to-Date | \$                      |                                    |
|   |                        |                         |                                    |
| <b>E. Full Name, Mailing Address and ZIP Code</b>   | Name of Employer       | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation             |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Aggregate Year-to-Date | \$                      |                                    |
|   |                        |                         |                                    |
| <b>F. Full Name, Mailing Address and ZIP Code</b>   | Name of Employer       | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation             |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Aggregate Year-to-Date | \$                      |                                    |
|   |                        |                         |                                    |
| <b>G. Full Name, Mailing Address and ZIP Code</b>   | Name of Employer       | Date (month, day, year) | Amount of Each Receipt this Period |
|   | Occupation             |                         |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | Aggregate Year-to-Date | \$                      |                                    |
|   |                        |                         |                                    |

|   |           |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)           | 10,000.00 |
| TOTAL This Period (last page this line number only) | 10,000.00 |

