



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

RQ-2

Monica Novicki, Treasurer  
Ares-Serono Inc. Political Action Committee  
One Technology Road  
Rockland, MA 02370

MAY 28 2003

Identification Number: C00258236

Reference: July Quarterly Report (4/1/02-6/30/02)

Dear Ms. Novicki:

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 one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

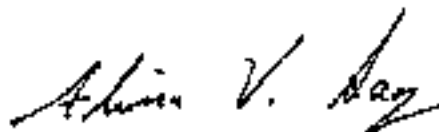
If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR §102.2(a)(3)

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A 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. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. 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,



Alissa V. Sagri  
Campaign Finance Analyst  
Reports Analysis Division

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEDERAL ELECTION CENTER  
JUN 18 P 10 01

1. NAME OF COMMITTEE (in full) **MONICA NOVICKI PRES-BERND INC POLITICAL ACTION COMMITTEE** USE FEC MAILING LABEL OR TYPE OR PRINT  Example: If typing, type over the lines. **2FE4815**

ADDRESS (number and street) **ONE TECHNOLOGY ROAD ROCKLAND MA 02370**

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER **C** CITY STATE ZIP CODE

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TR)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (No Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (No Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on: \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
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Election on: \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **04/01/2002** through **06/30/2002**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Monica Elliott

Signature of Treasurer Monica Elliott Date 07/09/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X (Revised 1/01)

2025 RELEASE UNDER E.O. 14176

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

21b  22  23  24  26  
 26  27  28a  28b  28c  28

Any information copied from such Reports and Statements may not be used 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)

ARES SERONO, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONNIE MIDRELLA FOR CONGRESS

Mailing Address

7101 WISCONSIN AVE, SUITE 102

City State Zip Code

BETHESDA, MD 20814

Purpose of Disbursement

Candidate Name

CONNIE MIDRELLA

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

06/14/2002

Amount of Each Disbursement this Period

1,000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (just page this line number only)

1,000.00  
1,000.00

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate entries (A, B, C) for each category of the Detailed Summary Page

FOR LINE NUMBER (check only one)

PAGE 1 OF 1

<input type="checkbox"/> 11	<input type="checkbox"/> 21	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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Any information concerning these 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 enroll contributors from such committee.

NAME OF COMMITTEE (in full)

ARES SERONO, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONNIE MORELLA FOR CONGRESS

Mailing Address

7101 WISCONSIN AVE, SUITE 102

BETHESDA MD 20814

Purpose of Disbursement

Candidate Name

CONNIE MORELLA

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) \_\_\_\_\_

State: District:

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) \_\_\_\_\_

State: District:

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) \_\_\_\_\_

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (see page 1 for line number only)

FEI Schedule B (Form 3X) (Rev. 10/77)

FORM 4

Date of Disbursement

5/6 1/4 2002

Amount of Each Disbursement This Period

1,000.00

Date of Disbursement

Amount of Each Disbursement This Period

Date of Disbursement

Amount of Each Disbursement This Period

1,000.00

1,000.00

2025 RELEASE UNDER E.O. 14176

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 1 OF 1
	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29	

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 each committee.

NAME OF COMMITTEE (in full)  
**ARES SERENO INC. POLITICAL ACTION COMMITTEE**

**A. GANSKE FOR SENATE**

Meeting Address: **1800 GRAND AVENUE**

City: **WEST DES MOINES IOWA 50365**

Purpose of Disbursement:  Other (specify) \_\_\_\_\_

Date of Disbursement: **09 14 2001**

Amount of Each Disbursement this Period: **1000.00**

Candidate Name: **GREG GANSKE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **IOWA** District: \_\_\_\_\_

**B. CONNIE MORELLA FOR CONGRESS**

Meeting Address: **7101 WISCONSIN AVE, SUITE 102**

City: **BETHESDA MD 20814**

Purpose of Disbursement:  Other (specify) \_\_\_\_\_

Date of Disbursement: **12 10 2001**

Amount of Each Disbursement this Period: **1000.00**

Candidate Name: **CONNIE MORELLA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **MARYLAND** District: \_\_\_\_\_

**C.**

Meeting Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement:  Other (specify) \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

Amount of Each Disbursement this Period: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

AGGREGATE of Disbursements This Page (optional): \_\_\_\_\_

TOTAL This Period (four page one number only): **2000.00**

2001-09-14 10:00:00

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 6-17-03
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (RVC)
<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
<input type="checkbox"/>	Electronic Filing	
<i>Stel</i>		6-18-03
PREPARER		DATE PREPARED