



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

July 17, 1997

Mary E. Hyde, Treasurer
Federal Credit Union Legislative
Action Fund (Federal CULAF)
33320 9th Avenue South
Federal Way, WA 98003

Identification Number: C00064097

Reference: Year End (1/31/95-12/31/95), April Quarterly (1/1/96-3/31/96), October
Quarterly (7/1/96-9/30/96) and Year End (10/1/96-12/31/96) Reports

Dear Ms. Hyde:

This letter is to inform you that as of July 16, 1997, the Commission has not received your response to our requests for additional information dated June 25, 1997. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Debbie Manzano on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

JUN 25 1997

Robert W. Schumacher, Treasurer
Federal Credit Union Legislative
Action Fund (Federal CULAF)
33320 9th Avenue So.
Federal Way, WA 98003

Identification Number: C00064097

Reference: Year End Report (1/31/95-12/31/95)

Dear Mr. Schumacher:

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:

-Please provide a Schedule B to support the entry reported on Line 22 of the Detailed Summary Page. Each transfer-out to an affiliated committee must be itemized on Schedule B regardless of the amount transferred. 2 U.S.C. §434(b)(6)(B)(i)

-Schedule A of your report (pertinent portions attached) discloses an apparent contribution(s) from a corporation(s). 2 U.S.C. §441b(a)) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a corporate contribution(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. 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 receiving a refund or granting written authorization for a transfer to another account.

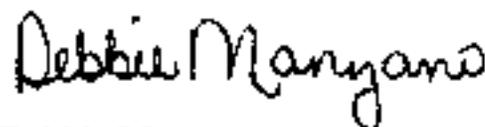
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

-Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization. Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). 2 U.S.C. §434(a)(1) and 11 CFR §104.14(a) and (d) If a new treasurer has been appointed, please file an amended Statement of Organization (FORM 1) or a letter to reflect this change.

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) 219-3580.

Sincerely,



Debbie Manzano
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
 WA. S. & C. CHAMBERS BELLAF. FEDERAL PAC

98030140082

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
3200 1st Ave 16416 Old Town Road NW Monroe, WA. 98272 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISER (PAC)	Name of Employer: N/A Occupation: Vendor Aggregate Year-to-Date: \$ 410.00		410.00
United Health Services TAPCO Monroe, WA. 99720 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISER (PAC)	Name of Employer: N/A Occupation: Union Aggregate Year-to-Date: \$ 275.00		275.00
BECEL P.O. Box 30720 Seattle, WA. 98124-9750 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISER (PAC)	Name of Employer: N/A Occupation: Co-op Union Aggregate Year-to-Date: \$ 360.00		360.00
D. 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
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 Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each 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 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) 1,045.00
 TOTAL This Period (last page this line number only) 1,045.00