



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

February 23, 1995

Bruce Lester, Treasurer
Illinois Democratic Party
489 Merchandise Mart
Chicago, IL 60654

Identification Number: C00167015

Reference: 12 Day Pre-General (10/1/94-10/19/94) and 30 Day
Post-General (10/20/94-11/28/94) Reports

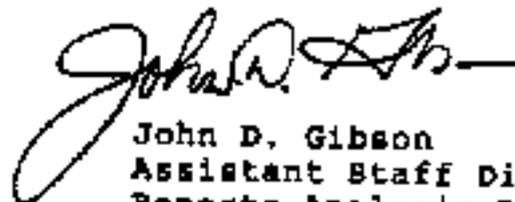
Dear Mr. Lester:

This letter is to inform you that as of February 22, 1995, the Commission has not received your response to our requests for additional information, dated February 1, 1995. 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 related to this matter, please contact Neil Evans 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

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Stewart R. Winstein, Treasurer
Illinois Democratic Party
489 Merchandise Mart
Chicago, IL 60654

FEB 1 1995

Identification Number: C00167015

Reference: 12 Day Pre-General Report (10/1/94-10/19/94)

Dear Mr. Winstein:

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 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). 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

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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.

-Please amend your report by providing the address for each disbursement itemized on Schedule B4 supporting Line 21(a).

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to use the appropriate category designations consisting of administrative/voter drive, fundraising, exempt and direct candidate support. Please amend your report to clarify the category called Coordinated Campaign. For your information, itemized coordinated expenditures made by political party committees on behalf of candidates for federal office are disclosed on Schedule F for Line 25 of the Detailed Summary Page.

-Your calculations for EVENT YEAR-TO-DATE totals are incorrect. EVENT YEAR-TO-DATE totals for administrative and voter drive costs are derived by aggregating all disbursements during the calendar year within the category. EVENT YEAR-TO-DATE totals for fundraising, direct candidate support, and exempt activities are derived by aggregating all disbursements during the calendar year within a specific event. These should be calculated by adding the latest disbursement for a category or event to the previous EVENT YEAR-TO-DATE total for that category or event. This running EVENT YEAR-TO-DATE total should be disclosed after each disbursement is listed. Please amend your report by providing the correct EVENT YEAR-TO-DATE totals.

-Line 21(a)(i) of the Detailed Summary Page of your report discloses a total of \$5,650.78 in the federal share of operating expenditures. The sum of the entries itemized on Schedule H4, however, indicates the total to be \$3,504.69. Please amend your report to clarify the discrepancy.

-Line 21(a)(ii) of the Detailed Summary Page of your report discloses a total of \$39,555.49 in the non-federal share of operating expenditures. The sum of

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the entries itemized on Schedule H4, however, indicates the total to be \$24,532.81. Please amend your report to clarify the discrepancy.

-Line 21(c) of the Detailed Summary Page of your report discloses a total of \$45,206.27 in total operating expenditures. The sum of the entries itemized on Schedule H4, however, indicates the total to be \$28,037.50. Please amend your report to clarify the discrepancy.

-Your report contains \$30,813.75 in disbursements on Schedule B for Line 21(a). However, the \$30,813.75 does not appear to be supporting any line on the Detailed Summary Page. Line 21(a) on the Detailed Summary Page is supported by Schedule H4, for disclosing joint activity between the federal and non-federal accounts. If the disbursements are not for joint activities, then the disbursements should be on a Schedule B for Line 21(b). Please amend your report to clarify this apparent discrepancy.

-Your report includes computer produced formats of Schedules B and H4. Computer produced formats may only be used upon prior approval of the Commission. You should submit a separate sample format with a cover letter requesting approval. Until your format has been approved, PEC forms must be used. 11 CFR §104.2(d)

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,



Neil Evans
Reports Analyst
Reports Analysis Division

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Contributions from Individuals/Persons

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 Democratic Party of Illinois

Full Name, Mailing Address & Zip Code

Sheehan, James P.
1162 West Illinois
Palatine, IL 60067

Employer: Information Requested

Occupation:

For	Date	Amount
1994	04/12/94	100.00
1994	04/12/94	300.00

Aggregate Year To Date \$400.00

Full Name, Mailing Address & Zip Code

Stone, William E.
2 Circle Drive
Paris, IL 61944

Employer: U.S. Postal Service

Occupation: retired

For	Date	Amount
1994	04/11/94	300.00

Aggregate Year To Date \$300.00

Full Name, Mailing Address & Zip Code

Tinnea, Johanna H.
700 West Vine Street
Taylorville, IL 62568

Employer:

Occupation: Housewife

For	Date	Amount
1994	04/22/94	500.00

Aggregate Year To Date \$500.00

Full Name, Mailing Address & Zip Code

United Food & Commercial Workers Int'l
1775 K Street N.W.
Washington, DC 20006

Employer: Established as a PAC

Occupation:

For	Date	Amount
1994	04/18/94	2,500.00

Aggregate Year To Date \$2,500.00

Full Name, Mailing Address & Zip Code

Williams, Paul L.
311 S. Wacker Drive, 45th Fl.
Chicago, IL 60606

Employer: Law Office of Paul Williams

Occupation:

For	Date	Amount
1994	04/22/94	500.00

Aggregate Year To Date \$500.00

Total this Period \$ 20,250.00

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ME

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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)

Democratic Party of Illinois

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A. Full Name, Mailing Address and ZIP Code United Food & Commercial Workers 1775 K Street NW Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/17/94	Amount of Each Receipt This Period 5,000.00
B. 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
C. 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
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)

5,000.00

TOTAL This Period (see page this line number 11b)

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