



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

William J. Cunningham, III, Treasurer  
Friends of Hillary  
450 7<sup>th</sup> Avenue, #804  
New York, NY 10123

FEB 13 2001

Identification Number: C00358895

Reference: 30 Day Post-General Report (10/19/00-11/27/00)

Dear Mr. Cunningham:

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 discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e) and (k))

The Commission notes your request for the redesignation and/or reattribution of some or all of these contributions. Please be reminded that all refunds, redesignations and reattributions must be made within sixty days of receipt of the contribution. To date, one or more of the attached excessive contributions have not been refunded, redesignated, or reattributed. Copies of refund checks and copies of letters reattributing or

redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

-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 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.

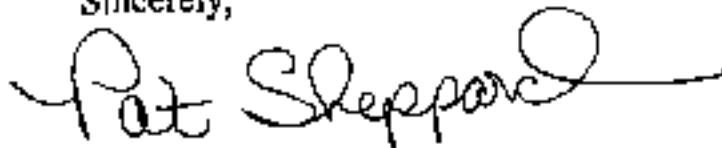
Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled

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.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 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 that reads "Pat Sheppard". The signature is written in a cursive style with a long horizontal line extending to the right.

Pat Sheppard  
Assistant Branch Chief  
Reports Analysis Division

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **18**  
FOR LINE NUMBER **11(a)(1)**

**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 (in Full)**

Friends of Hillary C00358895

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Three Affiliated Tribes HC3 Box 2 New Town, ND 58763-0402	Seeking Permissible Funds Occupation	11/27/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code Rebecca Alexander 114 West 47th Street New York, NY 10036-1532	Name of Employer N/A Occupation Retired	Date (month, day, year) 11/20/00	Amount of Each Receipt This Period \$967.01
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$967.01	
C. Full Name, Mailing Address and ZIP Code Mary Arnstein 75 Edgemoor Terrace Hamden, CT 06517-4017	Name of Employer N/A Occupation Volunteer	Date (month, day, year) 11/15/00	Amount of Each Receipt This Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code Jerry Bailey 2000 Westchester Avenue White Plains, NY 10604-3604	Name of Employer Texaco Inc Occupation Executive	Date (month, day, year) 11/27/00	Amount of Each Receipt This Period \$230.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$230.00	
E. Full Name, Mailing Address and ZIP Code Saeed Bajaj 48 Harrison Street Soutier, NY 13905	Name of Employer Self Occupation Physician	Date (month, day, year) 11/14/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code Daniel Banning 300 East Pecan McAllen, TX 78501	Name of Employer Information Requested Seeking Resignation Occupation Information Requested	Date (month, day, year) 11/27/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
G. Full Name, Mailing Address and ZIP Code Daniel Banning 300 East Pecan McAllen, TX 78501	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 11/27/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **\$4,847.01**

**TOTAL** This Period (last page this line number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 2 OF 18  
FOR LINE NUMBER 11(a)(1)

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 (in Full)

Friends of Hillary CD035BB85

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. N. Basha Post Office Box 488 Chandler, AZ 85244-0488	Basha's	11/14/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of the Board	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Rhea Baskin 831 Lakeview Drive Defuniak Springs, FL 32433	N/A	11/14/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,225.00
C. Full Name, Mailing Address and ZIP Code Rhea Baskin 831 Lakeview Drive Defuniak Springs, FL 32433	N/A	11/14/00	\$225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Seeking Resignation Retired	Aggregate Year-to-Date > \$	\$1,225.00
D. Full Name, Mailing Address and ZIP Code Rhea Baskin 1016 North McKinley Avenue Endicott, NY 13780	N/A	11/14/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code Corinne F. Barke 248 Causway Lawrence, NY 11558	N/A	11/27/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code John Sily 7713 Fay Avenue Ste A La Jolla, CA 92037-4330	Self	11/15/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Katherine Boll 707 Hill Avenue Endicott, NY 13780	Union Endicott Central High School	11/14/00	\$225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher	Aggregate Year-to-Date > \$	\$225.00
SUBTOTAL of Receipts This Page (optional)			\$3,450.00
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (In Full)

Friends of Hilary C00358895

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Iqbal G. Mamdani 14 Sutton Place South Number 7-B New York, NY 10021	TAIB  Occupation Vice Chair & CEO	11/20/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Faisha J. Mamdan-Leong 75 East End Avenue Number 14-A New York, NY 10028	Solomon Smith Barney  Occupation Financial Consultant	11/20/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code David Mantel 5 Rudolph Terrace Yonkers, NY 10701	David Mantel  Occupation Attorney	11/16/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code Robert Master 456 Fourth Street Brooklyn, NY 11215	Communication Workers of America  Occupation Executive	11/16/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$300.00	
E. Full Name, Mailing Address and ZIP Code Wendy McGoldrick 44 Calvin Avenue West Islip, NY 11795	Information Requested  Occupation Information Requested	11/8/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
F. Full Name, Mailing Address and ZIP Code Wendy McGoldrick 44 Calvin Avenue West Islip, NY 11795	Information Requested  Occupation Seeking Resignation Information Requested	11/8/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2,000.00	
G. Full Name, Mailing Address and ZIP Code Marcia R. McManus 51 Crestmont Road Binghamton, NY 13905	UHSH  Occupation Patient Relations	11/14/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$5,300.00
<b>TOTAL This Period (last page the line number only)</b>			

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## Contributions from Individuals/Persons

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## NAME OF COMMITTEE (in Full)

Friends of Hillary C00358865

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Burt Reas 4686 Coralwood Circle Carlsbad, CA 92008	N/A	11/16/00	\$380.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$380.00
B. Full Name, Mailing Address and ZIP Code Aberia Re 901 W. 13th San Juan, TX 78589	Information Requested	11/27/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Dr. Ruppert 300 Burns Street Flushing, NY 11375-8133	Personnel Decisions International	11/21/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Leadership Consultant	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Robert Rywick 4210 76th St Flushing, NY 11373-1845	Research Institute Of America	11/15/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tax Editor	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code Lawrence J. Schorr 3112 Sally Drive Vestal, NY 13850-3039	Levene, Gouldin & Thompson, LLP	11/20/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$1,150.00
F. Full Name, Mailing Address and ZIP Code Lawrence J. Schorr 3112 Sally Drive Vestal, NY 13850-3039	Levene, Gouldin & Thompson, LLP	11/20/00	\$150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Seeking Resignation	Aggregate Year-to-Date > \$	\$1,150.00
G. Full Name, Mailing Address and ZIP Code Marianne Soden Serjanej 146 Route 38 B Endicott, NY 13760	UHSH, Inc.	11/14/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor	Aggregate Year-to-Date > \$	\$500.00
SUBTOTAL of Receipts This Page (optional)			\$3,780.00
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 13 OF 16  
FOR LINE NUMBER  
11(a)(X)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Friends of Hillary C0D358895

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Shelton 519 Paden Street Endicott, NY 13760	N/A	11/14/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code Jonathan Silvan 611 Broadway New York, NY 10012-2608	Name of Employer Global Strategy Group	Date (month, day, year) 11/20/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	\$1,275.00
C. Full Name, Mailing Address and ZIP Code Jonathan Silvan 611 Broadway New York, NY 10012-2608	Name of Employer Global Strategy Group	Date (month, day, year) 11/20/00	Amount of Each Receipt this Period \$275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Seeking Redesignation CEO	Aggregate Year-to-Date > \$	\$1,275.00
D. Full Name, Mailing Address and ZIP Code Russell Simmons 530 Seventh Avenue Fourteenth Floor New York, NY 10018	Name of Employer Rush Communications	Date (month, day, year) 11/20/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Barbara Simon Post Office Box 211 Vestal, NY 13850	Name of Employer Information Requested	Date (month, day, year) 11/14/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code Tejinder Singh 50 West 34th Street New York, NY 10001	Name of Employer Information Requested	Date (month, day, year) 11/20/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Rheba Smithers 15620 Riverside Drive W Apt. 16 New York, NY 10032-7031	Name of Employer Information Requested	Date (month, day, year) 11/15/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$250.00
SUBTOTAL of Receipts This Page (optional)			\$3,325.00
TOTAL This Period (see page this line number only)			



