

ROBINS, KAPLAN, MILLER & CIRESI
ATTORNEYS AT LAW

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

AUG 12 9 27 AM '96

ATLANTA
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MINNEAPOLIS
ORANGE COUNTY
SAINT PAUL
SAN FRANCISCO
WASHINGTON, D. C.

SUITE 1200
1801 K STREET, N.W.
WASHINGTON, D. C. 20006-1301
TELEPHONE (202) 775-0725
FACSIMILE (202) 229-8604
TELEX 4831197 RKMC

HAROLD E. MESIROW
(202) 736-2700

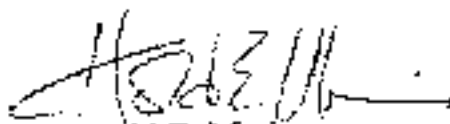
August 9, 1996

Mr. Joseph Sandler
General Counsel
Democratic National Committee
430 South Capital Street, S.E.
Washington, D.C. 20003

Dear Mr. Sandler:

Enclosed is the original, with attachments, of our letter of August 9, 1996 sent by facsimile to you today requesting a refund of an excess payment to the Democratic National Committee inadvertently made by our PAC.

Very truly yours,



Harold E. Mesirov
Treasurer of the Robins, Kaplan,
Miller & Ciresi PAC

cc: Federal Election Commission
Jennifer K. Wall

[Faint, illegible text at the bottom of the page, possibly a stamp or bleed-through.]

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1801 K STREET, N.W.
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TELEPHONE (202) 775-0725
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HAROLD E. MESIROW
(202) 736-2700

August 9, 1996

BY FACSIMILE

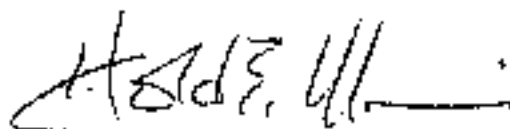
Mr. Joseph Sandler
General Counsel
Democratic National Committee
430 South Capital Street, S.E.
Washington, D.C. 20003

Dear Mr. Sandler:

It has been brought to our attention by the Federal Election Commission that our contribution during 1996 to the Democratic National Committee of \$25,000.00 exceeds the permitted amount of a contribution by a multicandidate committee to a national political party of \$15,000.00 in a calendar year. (For your information, a copy of the Federal Election Commission letter, with attachments, is enclosed.)

In order to correct this situation we request that you immediately refund the excess payment by forwarding a check in the amount of \$10,000.00, made payable to the Robins, Kaplan, Miller & Ciresi PAC, to the undersigned.

Very truly yours,



Harold E. Mesirow
Treasurer of the Robins, Kaplan,
Miller & Ciresi PAC

cc: Federal Election Commission



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463



RQ-2

Harold E. Mesirov, Treasurer
Robins, Kaplan, Miller & Ciresi PAC
1801 K Street NW, Ste. 1200
Washington, DC 20006

AUG - 7 1996

Identification Number: C00275909

Reference: July Quarterly Report (4/1/96-6/30/96)

Dear Mr. Mesirov:

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 have received a contribution from Robins, Kaplan, Miller & Ciresi, which appears to be an unincorporated proprietorship or partnership. Generally, these types of contributions are to be attributed to each person based on their percentage of ownership in the firm. Each person who has contributed in excess of \$200 since January 1 should be identified by name, address, occupation, name of employer, amount of contribution, and aggregate total on Schedule A. 11 CFR §110.1(k) Please amend your report by providing the omitted information.

-Schedule B 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(a) precludes a multicandidate committee from making a contribution to a national political party in excess of \$15,000 in a calendar year.

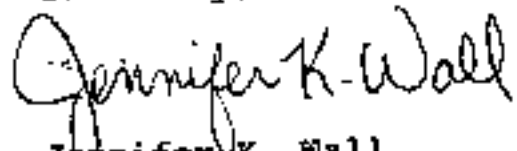
If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$15,000. In the best interest of your committee, all refunds should be made within sixty days of the treasurer's receipt of the contribution.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on schedule A supporting Line 16 of the report covering the period during which they are received.

Although the Commission may take further legal action concerning the excessive contribution(s), prompt action in obtaining a refund 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) 219-3580.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer K. Wall". The signature is written in dark ink and is positioned above the typed name.

Jennifer K. Wall
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
Robins, Kaplan, Miller & Ciresi PAC

95030404609

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wellstone For Senate 2309 University Avenue St. Paul, MN 55114	1996 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/96	\$ 2,500.00
B. Full Name, Mailing Address and ZIP Code Luther for Congress Vol. Committee 1379 Geneva Avenue N., Suite 103 Oakdale, MN 55128	1996 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/96	\$ 2,000.00
C. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 South Capitol Street, S.E. Washington, D.C. 20003	1996 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/96	\$10,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$14,500.00

TOTAL This Period (last page this line number only) \$14,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER	

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)

Robins, Kaplan, Miller & Ciresi PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Volunteers for Vento P.O. Box 5254 St. Paul, MN 55165	1996 Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/96	\$2,000.00
B. Full Name, Mailing Address and ZIP Code Citizens for Harkin 426 C Street, N.E. Washington, D.C. 20002	1996 Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/96	\$1,000.00
C. Full Name, Mailing Address and ZIP Code DSCC 430 South Capitol Street, S.E. Washington, D.C. 20003	1996 Senate Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/96	\$10,000.00
D. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 South Capitol Street, S.E. Washington, D.C. 20003	1996 Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/96	\$15,000.00
E. Full Name, Mailing Address and ZIP Code Tim Johnson for South Dakota 328 D Street, S.E. Washington, D.C. 20003-2024	1996 Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/96	\$2,000.00
F. Full Name, Mailing Address and ZIP Code Mary Rieder for Congress Bear Creek P.O. Box 9250 Rochester, MN 55903	1996 Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/96	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$31,000.00

TOTAL This Period (last page this line number only)

\$31,000.00

