



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Thomas J. Boensch, Treasurer
U. A. Local 85 Political Action Committee
P.O. Box 6547
Saginaw, MI 48608

MAY 20 1998

Identification Number: C00281303

Reference: April Quarterly Report (1/1/98-3/31/98)

Dear Mr. Boensch:

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 a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

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 \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund 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.

-Please provide the coverage dates of your report on Line 5 of the Summary Page.

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) 694-1130.

Sincerely,



Richard Ng
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use amounts authorized by
for each category of the
Certified Summary PagePAGE _____ OF _____
FOR LINE NUMBER
23

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 Part) United State of Journeyman & Apprentices Clerks
and Pipefitters Local 335

A. Full Name, Mailing Address and ZIP Code

Tenniehill for Congress
P.O. Box 911, Allenton, MI 49224

Purpose of Disbursement

1996 Campaign debt

Disbursement for: Primary General
 Other (Specify)
[Other (Specify)]

Date (month,
day, year)11/11/97Amount of Each
Disbursement This Period2,000 00

B. Full Name, Mailing Address and ZIP Code

Berryman for Congress
101 E. Main Street, Adrian, MI 49221

Purpose of Disbursement

1996 Campaign Contribution

Disbursement for: Primary General
 Other (Specify)
[Other (Specify)]

Date (month,
day, year)11/11/97Amount of Each
Disbursement This Period5,000 00

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (Specify)
[Other (Specify)]

Date (month,
day, year)Amount of Each
Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (Specify)
[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: Primary General
 Other (Specify)
[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: Primary General
 Other (Specify)
[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: Primary General
 Other (Specify)
[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: Primary General
 Other (Specify)
[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: Primary General
 Other (Specify)
[Other (Specify)]

Date (month,
day, year)Amount of Each
Disbursement This Period

SUBTOTAL of Disbursements This Page (optional):

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF
FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full) *United Assoc. of Journeyman & Apprentices**Plumbers & Pipefitters Local 237*

C-06243790

A. Full Name, Mailing Address and ZIP Code

*Journeyman for US Longers
101 E. Mainne
Adrian Mi. 49221*

Purpose of Disbursement

Disbursement for: Primary General Other (specify)Date (month,
day, year)

12/29/47

Amount of Each
Disbursement This Period

2500.00

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
23

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NAME OF COMMITTEE (In Full)

U.A. Local 85 - PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Contribution</i>	Date (month, day, year) 3/18/97	Amount of Each Disbursement This Period 2500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. 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
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)			2500.00
TOTAL This Period (last page this line number only)			2500.00

