FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

C. William Helwig II, Treasurer
Pipefitters Political Action Committee
30100 Northwestern Highway
Farmington Hills, MI 48334

SEP 12 2001

Identification Number: C00129627

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Mr. Helwig:

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 or redesignation 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.

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 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Nicholas T. Ebinger
Reports Analyst
Reports Analysis Division

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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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 Full)

PIPEFITTERS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. BYRUM FOR CONGRESS P.O. BOX 26191 LANSING, MI 48909	DIANNE BYRUM U S HOUSE MI Disbursement for: [ ] Primary [00] General [ ] Other:	08/31/00	2,000.00
B. KILDEE FOR CONGRESS P.O. BOX 317 FLINT, MI 48501	DALE KILDEE U S HOUSE MI009 Disbursement for: [00] Primary [ ] General [ ] Other:	07/31/00	1,500.00
C. LEVIN FOR CONGRESS P.O. BOX 1092 WARREN, MI 48090-1092	SANDER LEVIN U S HOUSE MI012 Disbursement for: [00] Primary [ ] General [ ] Other:	07/13/00	1,000.00
D.	Disbursement for: [ ] Primary [ ] General [ ] Other:		
E.	Disbursement for: [ ] Primary [ ] General [ ] Other:		
F.	Disbursement for: [ ] Primary [ ] General [ ] Other:		
G.	Disbursement for: [ ] Primary [ ] General [ ] Other:		
H.	Disbursement for: [ ] Primary [ ] General [ ] Other:		
I.	Disbursement for: [ ] Primary [ ] General [ ] Other:		

SUBTOTAL of Disbursements This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	4,500.00

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NAME OF COMMITTEE (in Full)

PREFITTERS POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code LEVIN FOR CONGRESS P.O. BOX 1092 WARREN, MI 48090-1092	SANDER LEVIN U S CONGRESS MI012 Disbursement for: 00 Primary ___ General ___ Other:	09/26/99	1,000.00
B. Full Name, Mailing Address and ZIP Code LEVIN FOR CONGRESS P.O. BOX 1092 WARREN, MI 48090-1092	SANDER LEVIN U S CONGRESS MI012 Disbursement for: 00 Primary ___ General ___ Other:	12/09/99	1,000.00
C. Full Name, Mailing Address and ZIP Code LYNN RIVERS FOR CONGRESS COMMITTEE P.O. BOX 8293 ANN ARBOR, MI 48107-8293	LYNN RIVERS U S CONGRESS MI013 Disbursement for: 00 Primary ___ General ___ Other:	12/16/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
United Association Political Education Committee

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Keenan for Montana P.O. Box 9249 Helena MT 59604	(House - MT - 00) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	2000.00
Kennedy 2000 227 Massachusetts Avenue, NW #302 Washington DC 20002	(Senate - MA -) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	2500.00
Kildee for Congress P.O. Box 2664 Washington DC 20013	(House - MI - 9) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	1000.00
Lampson for Congress P.O. Box 21578 Beaumont TX 77720	(House - TX - 9) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	2500.00
LaTourette for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly VA 20151	(House - OH - 19) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	500.00
Sheila Jackson Lee for Congress 3401 Labranch Houston TX 77004	(House - TX - 18) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	500.00
Levin for Congress Committee P.O. Box 1092 Warren MI 48090	(House - MI - 12) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	1000.00
Nita Lowey for Congress 38 Ivy Street, SE Washington DC 20003	(House - NY - 18) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	1000.00
Ken Lucas for Congress 7801 US 42 Florence KY 41042	(House - KY - 4) Transfer 2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify):	06/30/1999	1000.00

SUBTOTALS of Disbursements This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
U-A Local 85 PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Stabenow for U.S. Senate P.O. Box 4945 E-Lansing, MI 48826	contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/23/99	1500.00
NRE B. Full Name, Mailing Address and ZIP Code Levin for Congress P.O. Box 1092 Warren, MI 48090	Purpose of Disbursement Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/23/99	Amount of Each Disbursement This Period 1000.00
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) 2500.00

TOTAL This Period (last page this line number only) 2500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

PIPEFITTERS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BONIOR FOR CONGRESS 237 S. GRATIOT MT. CLEMENS, MI 48043	DAVID BONIOR U S CONGRESS MI010 Disbursement for: 00 Primary ___ General ___ Other:	06/21/99	1,200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
LEVIN FOR CONGRESS P.O. BOX 1092 WARREN, MI 48090-1092	SANDER LEVIN U S CONGRESS MI012 Disbursement for: 00 Primary ___ General ___ Other:	05/26/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
STABENOW FOR U.S. SENATE P.O. BOX 4945 EAST LANSING, MI 48826	DEBBIE STABENOW U S SENATE MI Disbursement for: 00 Primary ___ General ___ Other:	06/21/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
STABENOW FOR CONGRESS P.O. BOX 4945 EAST LANSING, MI 48826	DEBBIE STABENOW U S CONGRESS MI Disbursement for: 00 Primary ___ General ___ Other:	03/05/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		

SUBTOTAL of Disbursements This Page (optional)	4,200.00
TOTAL This Period (last page this line number only)	4,200.00

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