FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

George E. Comerford, Treasurer
Democratic Executive Committee
of Florida
517 N. Calhoun Street, Box 1758
Tallahassee, FL 32302

MAR 26 1997

Identification Number: C00005561

Reference: Year End Report (11/26/96-12/31/96)

Dear Mr. Comerford:

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:

-Itemized disbursements must include a brief statement or description of why the disbursements were made. Please amend Schedule H4 of your report to clarify the following description(s): GOTV. For further guidance regarding acceptable purposes of disbursements, please refer to 11 CFR §104.3(b)(3).

-Your report discloses a $33,929 refund received from Fenn King Murphy Putnam Comm. and a $33,929 paid to the Democratic Congressional Campaign Committee (pertinent portions attached). Please clarify the nature of these refunds.

-Schedule H4 discloses a $30,860.71 refund of allocation expenses (pertinent portion attached). Any adjustment in allocation expenses must be made within sixty days after the last day of the program or event. Please provide the clarifying information regarding the category and the date of the program or event.

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,

Kenneth A. Davis, Jr.
Reports Analyst
Reports Analysis Division

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
Democratic Executive Committe of Florida

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Fenn King Murphy Putnam Comm. 1043 Cecil Place N.W. Washington, DC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Refund Occupation Aggregate Year-to-Date > $	12/02/96	33,929.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) .....

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

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DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE	OF
FOR LINE 21a	

NAME OF COMMITTEE

Democratic Executive Committee of Florida

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Democratic Congressional Camp. Committee General & Non-Fed. Acct. 430 S. Capital St. Washington, DC 20007	Refund Media	12/09/96	33,929.00	11,196.57	22,732.43
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
Florida Democratic Party Non-Federal Acct. P.O. Box 1758 Tallahassee, Florida	Refund Allocation Expenses	12/19/96			30,860.71
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a I and non-Fed. share to 21 a II)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

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