



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

APR 18 2003

Amy James, Treasurer  
Smith & Nephew, Inc., PAC  
1450 Brooks Rd.  
Memphis, TN 38116

Identification Number: C00374066

Reference: 30 Day Post General Report (10/17/02-11/25/02)

Dear Ms. James:

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 one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.


If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR §102.2(a)(3)

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 response or 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. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. 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,



Christopher J. Morse  
Campaign Finance Analyst  
Reports Analysis Division

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of enlisting 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)

Smith & Nephew Inc. PAC

Full Name (Last, First, Middle Initial)

A Marsha Blackburn for Congress

Date of Disbursement

10 / 20 / 2002

Mailing Address

PO Box 682185

City

Franklin

State

TN

Zip Code

37068

Amount of Each Disbursement this Period

1,000.00

Purpose of Disbursement

Contribution

011

Candidate Name

Marsha Blackburn

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify) ▼

State: TN

District: 7

Full Name (Last, First, Middle Initial)

B Friends of John Tanner

Date of Disbursement

10 / 20 / 2002

Mailing Address

203 W. Church St. State

City

Union City

State

TN

Zip Code

38261

Amount of Each Disbursement this Period

1,000.00

Purpose of Disbursement

Contribution

011

Candidate Name

John Tanner

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify) ▼

State: TN

District: 8

Full Name (Last, First, Middle Initial)

C Bob Clement for U.S. Senate

Date of Disbursement

10 / 20 / 2002

Mailing Address

PO Box 22910

City

Nashville

State

TN

Zip Code

37202

Amount of Each Disbursement this Period

1,000.00

Purpose of Disbursement

Contribution

011

Candidate Name

Bob Clement

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify) ▼

State: TN

District:

SUBTOTAL of Disbursements This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

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<input type="checkbox"/> 29				

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 (If: Pub)

Smith & Nephew Inc. PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

07 - 28 - 2002

A. Bob Clement for United States Senate

Mailing Address

P.O. Box 22910

City

Nashville

State

TN

Zip Code

37202-2910

Amount of Each Disbursement This Period

1,000.00

Purpose of Disbursement

Contribution

011

Candidate Name

Bob Clement

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: TN

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Mailing Address

Amount of Each Disbursement This Period

Category/Type

Date of Disbursement

C. Mailing Address

Amount of Each Disbursement This Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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1,000.00

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