



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

FEB 23 2000

Barbara Klar, Treasurer
New York State Naral Inc
Women's Health Political Action Committee
462 Broadway Suite 540
New York, NY 10013

Identification Number: C00337451

Reference: Mid-Year Report (1/1/99-7/31/99)

Dear Ms. Klar:

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:

-Line 6(a) of the Summary Page represents the total cash-on-hand as of January 1, 1999. This figure, on the first report of the year, should be identical to the ending cash of the last report of the previous year. Please amend your report to clarify this discrepancy.

-The beginning cash balance of this report should equal the ending balance of your 1998 Year-End Report. Please clarify this discrepancy and amend any subsequent report(s) that may be affected by this correction.

-Schedule A of your report discloses the receipt of funds from your connected organization (pertinent portion(s) attached). 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §114.5(b)(3), however, a separate segregated fund may be reimbursed for any solicitation or other administrative expense provided that the reimbursement is made no later than thirty days after the expense was paid by the separate segregated fund.

If the contribution(s) in question was incompletely or incorrectly disclosed,

NEW YORK STATE NARAL INC WOMEN'S HEALTH POLITICAL ACTION
COMMITTEE

Page 2

you should amend your original report with the clarifying information. Please provide further clarifying information regarding the date(s) on which the committee made payments for any solicitation or other administrative expenses. To the extent that the reimbursement was made beyond thirty days, your committee must transfer the funds to an account not used to influence federal elections or refund the full amount to your connected organization in accordance with 11 CFR §103.3(b). The Commission recommends that you inform your connected organization in writing to provide them with the option of receiving a refund or granting written authorization of a transfer-out to protect the donor's interest.

Please inform the Commission of your corrective action immediately in writing and provide a copy of your check for the transfer-out or refund. In addition, any transfer-out or refund made should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the date on which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to refund or transfer-out the amount will be taken into consideration.

-It has come to the attention of the Federal Election Commission that the reports you have filed during the current election cycle do not reflect the appropriate coverage dates for quarterly filing status. Please be advised of the filing dates and coverage periods for the 1999-2000 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

Report Type	Coverage Dates	Due Date
Mid-Year	1/1/99-6/30/99	July 31, 1999
Year End	7/1/99-12/31/99	January 31, 2000
April Quarterly	1/1/00-3/31/00	April 15, 2000
July Quarterly	4/1/00-6/30/00	July 15, 2000
October Quarterly	7/1/00-9/30/00	October 15, 2000
12 Day Pre-General	10/1/00-10/18/00	October 26, 2000
30 Day Post-General	10/19/98-11/27/00	December 7, 2000
Year End	11/28/00-12/31/00	January 31, 2001

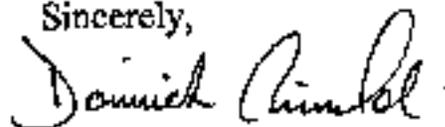
A written response or an amendment to your original report(s) correcting the above

NEW YORK STATE NARAL INC WOMEN'S HEALTH POLITICAL ACTION
COMMITTEE

Page 3

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,



Dominick Ciaraldi

Reports Analyst

Reports Analysis Division

279

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 4
			FOR LINE NUMBER 17

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)
New York State NARAL Inc Women's Health PAC

Full Name, Mailing Address, and ZIP Code NYS-NARAL Inc 462 Broadway, Suite 540 New York NY 10013	Name of Employer Occupation	Date (month, day, year) 04/23/1998	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2000.00	

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	2000.00

