



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Dan Cohen, Treasurer
Association of Trial Lawyers of America
Political Action Committee
1050 31st Street, N.W.
Washington, DC 20007

NOV 22 2000

Identification Number: C00024521

Reference: September Monthly Report (8/01/00-8/31/00)

Dear Mr. Cohen:

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 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.

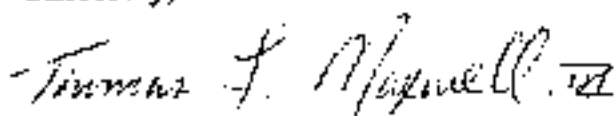
If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. Please provide further clarifying information regarding the date(s) on which the committee made payments for any solicitation or other administrative expenses. 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.

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,

A handwritten signature in cursive script that reads "Thomas F. Maxwell, III".

Thomas F. Maxwell, III
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of line
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
15

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)

The Association of Trial Lawyers of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code

Association of Trial Lawyers
of America
1050 31st Street, NW
Washington, DC 20007

Receipt For: ☐ Primary ☐ General☒ Other (specify): BANK FEE

Name of Employer

N/A

Occupation

N/A

Date (month,
day, year)
8/16/00Amount of Each
Receipt this Period
\$2,745.89

TF

B. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General☐ Other (specify):

Name of Employer

Occupation

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

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

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

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

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

Date (month,
day, year)Amount of Each
Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$2,745.89

TOTAL This Period (last page this line number only)

\$2,745.89

