



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20461

RQ-3

January 6, 1994

Dr. Robert Rucho, Treasurer  
American Dental Political  
Action Committee  
1111 14th St. N.W., 11th Floor  
Washington, D.C. 20005

Identification Number: C00000729

Reference: March Monthly (2/1/93-2/28/93) and July Monthly  
(6/1/93-6/30/93) Reports

Dear Dr. Rucho:

This letter is to inform you that as of January 5, 1994, the Commission has not received your response to our requests for additional information, dated December 15, 1993. Those notices requested information essential to full public disclosure of your federal election financial activity and to ensure compliance with provisions of the Federal Election Campaign Act (the Act). Copies of our original requests are enclosed.

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Jan McBride on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in dark ink, appearing to read "John D. Gibson", is written over the typed name and title.

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosures

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FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

DEC 15 1993

Dr. Robert Rucho, Treasurer  
American Dental Political  
Action Committee  
1111 14th St. N.W., 11th Floor  
Washington, D.C. 20005

Identification Number: C00000729

Reference: March Monthly Report (2/1/93-2/28/93)

Dear Dr. Rucho:

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:

-Your report disclosed several contributions to candidate committees for the retirement of debts. However, it appears that House candidate Carrie Meek had insufficient debts to warrant such a contribution. Please note that a committee may only designate contributions to retire a candidate's debts if those debts exist.

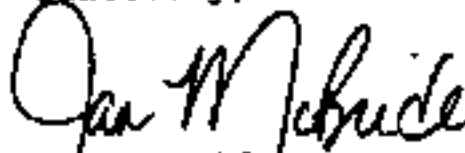
If the contribution in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If you have made an excessive contribution, you should either notify the recipient and request a refund of the amount and/or notify the recipient, in writing, of your redesignation of the contribution. All refunds must be made within sixty days of the treasurer's receipt of the contribution. Refunds are reported on Line 16 of the Detailed Summary Page and on Schedule A of the report covering the period during which they are received. Redesignations are reported as memo entries on Schedule B of the report covering the period during which the redesignation is made. 11 CFR §110.2(b))

Although the Commission may take further legal steps regarding the excessive contribution, your prompt action in obtaining a refund and/or redesignating the contribution 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. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in cursive script that reads "Jan McBride". The signature is written in dark ink and is positioned above the typed name and title.

Jan McBride  
Reports Analyst  
Reports Analysis Division

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**SCHEDULE B**

**ITEMIZE DISBURSEMENTS**

Use separate sheets for each calendar year. Detailed Summary sheet required for each year.

Any information reported from such persons and is for purposes other than using the name and address of the person.

may not be sold or used by any person for the purpose of securing contributions from such persons for political committees to solicit contributions from such persons.

NAME OF COMMITTEE (in full)

American Dental 1.

1 Action Committee

| A Full Name, Mailing Address and ZIP Code<br>Citizens for Connie Yr<br>Congress<br>P.O. Box A<br>Fort Myers, FL           | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>1,500.00 |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| B Full Name, Mailing Address and ZIP Code<br>Stony Hoyer for Congress<br>4200 Basil Court, #204<br>Landover, MD 20785     | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>1,500.00 |
| C Full Name, Mailing Address and ZIP Code<br>Citizens for Sam Farr<br>300 Capitol Mall, Suite 350<br>Sacramento, CA 95814 | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Special Elect.   | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>1,500.00 |
| D Full Name, Mailing Address and ZIP Code<br>Wayne Elchrest for Congress<br>P.O. Box 644<br>Chesterstown, MD 21620        | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Debt Retirement. | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>1,500.00 |
| E Full Name, Mailing Address and ZIP Code<br>Marjorie Margulies for Congress<br>415 Woodbine Avenue<br>Berthier, PA 19022 | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Debt Retire.     | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>2,000.00 |
| F Full Name, Mailing Address and ZIP Code<br>Congressman Dale Kildee Care.<br>P.O. Box 317<br>Milint, MI 48501            | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Debt Retirement. | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>1,000.00 |
| G Full Name, Mailing Address and ZIP Code<br>Peter Deutsch for Congress<br>440 S. Flamingo Road<br>Davie, FL 33325        | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Debt Retire.     | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>1,500.00 |
| H Full Name, Mailing Address and ZIP Code<br>Carrie Heck for Congress<br>P.O. Box 1285<br>Miami, FL 33127                 | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Debt Retire.     | Date (month, day, year)<br>2/10/93 | Amount of Each Disbursement This Period<br>1,500.00 |
| I Full Name, Mailing Address and ZIP Code<br>Friends for Richard Bryan<br>300 South 4th Street<br>Las Vegas, NV 89101     | Purpose of Disbursement<br>Candidate Contribution<br>Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month, day, year)<br>2/23/93 | Amount of Each Disbursement This Period<br>1,000.00 |

SUBTOTAL of Disbursements This Page (add only)

TOTAL This Period (fill page this line multiple times)