FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

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,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures

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: July Monthly Report (6/1/93-6/30/93)

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:

-Schedule A of your report discloses receipts from organizations that are not registered with the Commission (pertinent portion(s) attached). 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §102.6, however, certain entities may serve as collecting agents for the purpose of transmitting contributions to a separate segregated fund.

A collecting agent may be, but is not limited to, a committee which is affiliated with the separate segregated fund; the connected organization; or a local, national, or international union. See 11 CFR §102.6(b)(1).

Funds received from a collecting agent are to be attributed to the original contributors and should be disclosed according to the requirements of 11 CFR §104.3(a). If the amounts in question were contributed by individuals and transmitted to your committee by a collecting agent, the activity should be included on Line 11(a) of the Detailed Summary Page. Any contribution from an individual, that exceeds $200 in the aggregate during the calendar year, should be itemized on a supporting schedule. Collecting agents need not be identified on your report.

To the extent that the funds received were not from entities serving as collecting agents, the Commission recommends that you refund all non-voluntary

contributions to the donor(s) in accordance with 11 CFR §103.3(b)(3). Alternatively, if you choose to transfer the funds to an account not used to influence federal elections, the Commission advises that you inform the contributor in writing and provide the contributor with the option of receiving a refund. You may wish to seek a written authorization (either before or after the transfer-out) from the donor for any transfer-out to protect the donor's interests.

Please inform the Commission immediately in writing and provide a photocopy of your check for the refund or transfer-out. In the best interests of the committee, all refunds and transfers-out should be made within thirty (30) days of the treasurer's receipt of the contribution. See 11 CFR §103.3(b). Refunds and transfers-out should be disclosed on a supporting Schedule B for Line 28 or 22 of the report covering the period during which they are made.

Although the Commission may take further legal steps concerning the acceptance of prohibited contributions, prompt action by your committee in refunding or transferring-out the amounts 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,

Jan McBride

Jan McBride
Reports Analyst
Reports Analysis Division

SCHEDULE A — **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1 / FOR LINE NUMBER 12

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)

American Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Utah Dental PAC 1151 E. 3900 South B-160 Salt Lake City, UT 84124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Transfer from affiliated cmte. Occupation: Aggregate Year-to-Date > $ 5,152.00	6/30/93	$5,152.00
B. Virginia Dental PAC P.O. Box 6906 Richmond, VA 23230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Transfer from affiliated cmte. Occupation: Aggregate Year-to-Date > $ 23,360.00	6/11/93	$940.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $6,092.00

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

2 4 6 3 5 7 1 4 5 9 5

2 4 6 3 8 7 1 2 3 2 3