



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-5

Annette Guarisco, Treasurer  
Honeywell International Inc. FKA  
Allied-Signal Political Action  
Committee  
101 Columbia Road  
Morristown, NJ 07962

MAR 17 2000

Identification Number: C00096156

Reference: Year End Report (7/1/99-12/31/99)

Dear Ms. Guarisco:

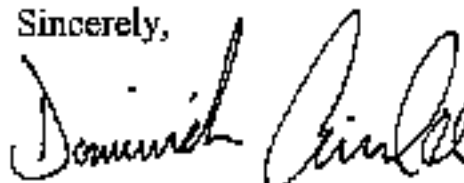
This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A supporting Line 11(a)(i) discloses contributions received through a payroll deduction plan. Generally, a committee's report must identify each contribution from an individual which in the aggregate exceeds \$200 during the calendar year. (2 U.S.C. §434(b)) For your information, instead of separate itemization, a committee using a payroll deduction plan may disclose the aggregate amount of contributions received from the contributor through the payroll deduction plan during the reporting period; the identification of the individual where the contribution exceeds \$200 in the aggregate during the calendar year; and a statement of the amount deducted per pay period. 11 CFR §104.8(b)

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Refunds of contributions to individuals/persons other than political committees should be properly disclosed on a separate Schedule B, supporting Line 28(a) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

Any amendment or clarification should be filed with the Federal Election Commission. 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, appearing to read "Dominick Ciaraldi".

Dominick Ciaraldi  
Reports Analyst  
Reports Analysis Division

## PAYROLL DEDUCTIONS

| SCHEDULE A                                                                                                                                                                                                                                                                     |  | ITEMIZED RECEIPTS           |  | Use separate schedules for each category of the Covered Summary Page | PAGE OF                          | FOR LINE NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|----------------------------------------------------------------------|----------------------------------|-----------------|
| Contributions from Individuals                                                                                                                                                                                                                                                 |  |                             |  |                                                                      |                                  |                 |
| Any information obtained from such Reports and Schedules may not be used by any person for the purpose of obtaining contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such contributors. |  |                             |  |                                                                      |                                  |                 |
| NAME OF COMMITTEE (in full)                                                                                                                                                                                                                                                    |  |                             |  |                                                                      |                                  |                 |
| National Organization PAC 000000001                                                                                                                                                                                                                                            |  |                             |  |                                                                      |                                  |                 |
| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                     |  | Name of Employer            |  | Date (month, day, year)                                              | Amount of Each Receipt (in full) |                 |
| Anne Sullivan<br>21 15th Street<br>City, State ZIP                                                                                                                                                                                                                             |  | National Organization, Inc. |  | payroll deduction                                                    | \$90.00                          |                 |
| Receipt for _____                                                                                                                                                                                                                                                              |  | Occupation _____            |  | Applicable Year-to-Date _____                                        | (618 biweekly)                   |                 |
| B. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                     |  | Name of Employer            |  | Date (month, day, year)                                              | Amount of Each Receipt (in full) |                 |
| Rodney Jones<br>881 Hainsbury Road<br>City, State ZIP                                                                                                                                                                                                                          |  | National Organization, Inc. |  | payroll deduction                                                    | \$120.00                         |                 |
| Receipt for _____                                                                                                                                                                                                                                                              |  | Occupation _____            |  | Applicable Year-to-Date _____                                        | (820 biweekly)                   |                 |

Itemize payroll deductions only after they have exceeded \$200 per calendar year from an individual.

## IN-KIND CONTRIBUTIONS

| SCHEDULE A                                                                                                                                                                                                                                                                     |  | ITEMIZED RECEIPTS           |  | Use separate schedules for each category of the Covered Summary Page | PAGE OF                          | FOR LINE NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|----------------------------------------------------------------------|----------------------------------|-----------------|
| Contributions from Individuals                                                                                                                                                                                                                                                 |  |                             |  |                                                                      |                                  |                 |
| Any information obtained from such Reports and Schedules may not be used by any person for the purpose of obtaining contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such contributors. |  |                             |  |                                                                      |                                  |                 |
| NAME OF COMMITTEE (in full)                                                                                                                                                                                                                                                    |  |                             |  |                                                                      |                                  |                 |
| National Organization PAC 000000001                                                                                                                                                                                                                                            |  |                             |  |                                                                      |                                  |                 |
| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                     |  | Name of Employer            |  | Date (month, day, year)                                              | Amount of Each Receipt (in full) |                 |
| Martin L. Kress<br>4 River Road<br>City, State ZIP                                                                                                                                                                                                                             |  | National Organization, Inc. |  | 8/19/84                                                              | \$5,899.00 (IN-KIND)             |                 |
| Receipt for _____                                                                                                                                                                                                                                                              |  | Occupation _____            |  | Applicable Year-to-Date _____                                        | (TRAFFLE PRIZE)                  |                 |

| SCHEDULE B                                                                                                                                                                                                                                                                     |  | ITEMIZED DISBURSEMENTS  |  | Use separate schedules for each category of the Covered Summary Page | PAGE OF                               | FOR LINE NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|----------------------------------------------------------------------|---------------------------------------|-----------------|
| Operating Expenditures/Other Federal                                                                                                                                                                                                                                           |  |                         |  |                                                                      |                                       |                 |
| Any information obtained from such Reports and Schedules may not be used by any person for the purpose of obtaining contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such contributors. |  |                         |  |                                                                      |                                       |                 |
| NAME OF COMMITTEE (in full)                                                                                                                                                                                                                                                    |  |                         |  |                                                                      |                                       |                 |
| National Organization PAC 000000001                                                                                                                                                                                                                                            |  |                         |  |                                                                      |                                       |                 |
| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                     |  | Purpose of Disbursement |  | Date (month, day, year)                                              | Amount of Each Disbursement (in full) |                 |
| Martin L. Kress<br>4 River Road<br>City, State ZIP                                                                                                                                                                                                                             |  | raffle prize            |  | 8/19/84                                                              | \$5,899.00 (IN-KIND CONTRIBUTION)     |                 |
| Receipt for _____                                                                                                                                                                                                                                                              |  | Disbursement for _____  |  | Other (specify) _____                                                |                                       |                 |

Itemize in-kind contributions on both Schedules A and B so as not to inflate the cash-on-hand amount.

## Payroll Deductions

Once an individual's deductions aggregate over \$200 in a calendar year, report the total amount deducted from the donor's paychecks during the reporting period on Schedule A. In parentheses indicate the amount that was deducted each pay period. Instead of stating a specific date of receipt, write "payroll deduction" under "Date." The other itemized information, including the year-to-date total, must be completed for each donor. 104.8(b).

**EXAMPLE:** During an election year, a corporate manager authorizes her employer to deduct \$15 per pay period (each pay period is two weeks) for the company's SSF. The SSF, which files FEC reports on a quarterly schedule, includes the manager's first-quarter contributions (\$90 for six pay periods) as "unitemized contributions" on Line 11(a)(i) in the April quarterly report.

By June 30 (the closing date for the July quarterly report), 13 pay periods have passed, and the manager's aggregate contributions are \$195—still below the \$200 itemization threshold. The manager's second-quarter contributions again are included in "unitemized contributions" in the July report.

By September 30 (the closing date for the October quarterly report), 19 pay periods have passed, and the manager's contributions reach \$285. Now the committee itemizes the total contributions received from the manager during the third quarter (\$90), providing the year-to-date total in the appropriate space. (See item A in the illustration above.)

## In-Kind Contributions

When determining whether to itemize an in-kind contribution, follow the same guidelines listed above under "When to Itemize Receipts." See page 8 for information on how to determine the dollar value of an in-kind contribution.

In addition, add the value of the in-kind contribution to the operating expenditures total on Line 21(b) (in order to avoid inflating the cash-on-hand amount). 104.13(a)(2).

If the in-kind contribution must be itemized on Schedule A, then it must also be itemized on a Schedule B for operating expenditures. See the illustration at right.

