



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

RQ-2

FEB 2 1994

Pierce R. Smith, Treasurer
Paine Webber Fund for
Better Government
1285 Avenue of the Americas
New York, NY 10019

Identification Number: C00012245

Reference: October Monthly Report (9/1/93-9/30/93)

Dear Mr. Smith:

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 B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. The Act precludes a multicandidate committee from making a contribution to a candidate for federal office in excess of \$5,000 per election. (2 U.S.C. §441a(a))

If the contribution(s) 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 in excess of \$5,000 and/or notify the recipient, in writing, of your redesignation of the contribution. All refunds and redesignations 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(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) 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

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Samuel M. Smith

Donald L. Averett
Senior Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Data and Summary Page

Page 1 of 1
DATE WHEN
FILED

Any amount reported from such Records and Statements may not be used or used by any person for the purpose of an illegal contribution or for any other purpose prohibited under the laws of the State and address of any person contributing to such contributions from such sources.

NAME OF COMMITTEE (in Full)

PalmBeeber Fund For Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anna-Al-Sixty c/o The Ann Richards Cante P.O. Box 12404 Austin, TX	Contribution Disbursement for ☒ Primary ☐ General ☐ Other (specify):	9/24/93	\$5,000.00
B. Full Name, Mailing Address and ZIP Code B'Amato Victory Cante P.O. Box 1000 Ninewa, NY 11501	Contribution Disbursement for ☒ Primary ☐ General ☐ Other (specify):	9/24/93	10,000.00
C. Full Name, Mailing Address and ZIP Code Anna-Al-Sixty c/o The Ann Richards Cante P.O. Box 12404 Austin, TX	Purpose of Disbursement: Stop Payment on outstanding check issued 9/24/93 Disbursement for ☒ Primary ☐ General ☐ Other (specify):	Date (month, day, year): 9/30/93	Amount of Each Disbursement This Period: -5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (fill in the number only)			14,000.00

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