

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
Washington, DC 20463

Oct 27 3 50 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Massachusetts East Federal

ADDRESS (number and street) Check if different than previously reported
P.O. Box 316

CITY, STATE and ZIP CODE
Quaker Hill CT 06320

2. FEC IDENTIFICATION NUMBER
C00216580

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<i>10/1/94 through 10/19/94</i>		
6. (a) Cash on Hand January 1, 19 <i>94</i>			\$ <i>1242.72</i>
(b) Cash on Hand at Beginning of Reporting Period		\$	
(c) Total Receipts (from Line 19)		\$	\$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$	\$
7. Total Disbursements (from Line 30)	<i>NO activity</i>	\$	\$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$	\$
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: *EMMA LINCOLN*

Signature of Treasurer: *Emma Lincoln* Date: *10/24/94*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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Registered/Certified Mail

POSTMARKED

10/24/94

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.
PREPARER

10/27/94
DATE PREPARED

2 1 0 3 x 3 9 3 2 1