

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM

2002 FEB 26 P 1:42

Office Use Only

1. NAME OF
COMMITTEE (In full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

GRASS ROOTS EAST

ADDRESS (number and street)

172 STOLLMAN RD



(Check if address
is changed)

COLCHESTER

CT

06415

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 27 2002

3. FEC IDENTIFICATION NUMBER ▶

C00216550

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

ELIZABETH S. WAGNER

Signature of Treasurer

Elizabeth S. Wagner

Date

01 28 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Ext. Pres. 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation **GOP** Office Sought: House Senate President State **CT** District **02**

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

GRASS ROOTS EAST

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

ELIZABETH S WAGNER

Mailing Address

172 STOLLMAN RD

COLCHESTER

CT

06415

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

860

537

5327

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PEOPLE'S BANK

Mailing Address

139 SOUTH MAIN STREET

COLCHESTER

CT 06415

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

FEC FORM 3 AMENDED TO DESIGNATE
CHANGE IN COMMITTEE TREASURER

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.

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<i>SL</i>	2-26-02
PREPARER	DATE PREPARED