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Emma Lincoln, Treasurer Grassroots East P.C. Box 316 Quaker Hill, CT 06375

JUL 28 1995

Identification Number: C00216580

July Quarterly Report (4/1/94-6/30/94) Reference:

Dear Ms. Lincoln:

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 Α of your report (pertinent portion(s) attached) discloses a contribution(s) from organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. \$\$441a(f) and 441b or 11 CFR \$102.5(b). Under 11 CFR organizations which are \$102.5(b), not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under or 2) demonstrate through a reasonable Act, accounting method that the organization has received sufficient funds subject to the limitations prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR \$103.3(b).

Celebrating the Commission's 20th Anniversary

The Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

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. My local number is (202) 219-3580.

Sincerely,

Andrea Silcox

Reports Analyst

Reports Analysis Division

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Any information copied from such Reports and Statements may not be acid 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) Roland for Governor 94 Candidate in Conn. 8.0. Box 1295 Date (noontt) Amount of Each day, year) Placetot this Period Appregate Year to-D B. Full Name, Mailing Address and ZIP Code Name of Employee Date (month, day, year) Patricipa this Period Compelies Receipt Por; Primary General Other (epacify): Appropria Year-to-Design C. Full Hame, Mailing Address and ZIP Code Name of Employer Date (moral), Amount of Each ø day, year) Perceipt that Period ∞ Occupation ≎₩ Pecarical For: Printery General Other (apacity): Aggregate Yearner-Date D. Full Name, Making Address and ZIP Code Name of Employer Date (month, Amount of Each ð y. year) رنت Receipt this Period \mathbf{T} Documetion Pleased For Printer Gérmany 17 Other (specify); Appreçate Year-to-Date > \$ E. Full Name, Malling Address and ZIP Code Martin of Employer Date (morth, Amount of Each day, year) Perceipt this Period Oppopulation Receipt For Primary الومجمو Other (specify): Aggregate Year-to-Date F. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each day, years Receipt this Period Occupation Receipt For: Processy General Other (specify): Aggregate Year-to-Deep > \$ Q. Fall Name, Malling Address and 23° Code Name of Employer Date (month, Amount of Each My, year) Receipt this Period Cocupation Receipt For: Printery General Other (specify): Appreprie Year-to-Date SUBTOTAL of Receipts This Page (optional) TOTAL This Period (lest page this line number only)......

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