

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM

2001 AUG -2 A 8 51

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12PE4M5

GRASS ROOTS EAST

ADDRESS (number and street)

16 GLENWOOD PLACE

Check if different than previously reported. (ACC)

NEW LONDON

CT

06320

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000216580

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(e) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07 01 2001

through

06 30 2001

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 EAB

Date

07 29 2001

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

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

GRASS ROOTS EAST

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		103666
(b) Cash on Hand at Beginning of Reporting Period	103666	
(c) Total Receipts (from Line 19)	909000	909000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1012666	1012666
7. Total Disbursements (from Line 30)	912091	912091
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100575	100575
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0	



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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

GRASS ROOTS EAST

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0	
(ii) Unitemized	889000	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	889000	889000
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	889000	889000
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	20000	20000
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	909000	909000
20. Total Federal Receipts (subtract Line 16 from Line 19)	909000	909000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	3885.91	3885.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3885.91	3885.91
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5200.00	5200.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	3500	3500
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	3500	3500
29. Other Disbursements	0	0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	9120.91	9120.91
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	9120.91	9120.91
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	8890.00	8890.00
33. Total Contribution Refunds (from Line 28(d))	3500	3500
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	8855.00	8855.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3885.91	3885.91
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	3885.91	3885.91

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold 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)
Grass Roots East

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

21b 22 23 24 26
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

Grass Roots East

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. *Frank Falano*

03 19 2001

Mailing Address

3980 South Street

City

Coventry

State

CT

Zip Code

06238

Amount of Each Disbursement this Period

34.00

Purpose of Disbursement

mailing

001

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. *Ann Harford*

06 18 2001

Mailing Address

47 Windermere Avenue

City

Ellington

State

CT

Zip Code

06029

Amount of Each Disbursement this Period

21.52

Purpose of Disbursement

stamps

001

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. *William Wagner*

06 18 2001

Mailing Address

172 Stallman Road

City

Colchester

State

CT

Zip Code

06415

Amount of Each Disbursement this Period

197.49

Purpose of Disbursement

Annual award (2)

001

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

253.01

253.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Green Rocks East

Date of Disbursement

06 30 2001

Full Name (Last, First, Middle Initial)

A. *Citizens Bank*

Amount of Each Disbursement this Period

28.50

Mailing Address

Beacon Avenue

City State Zip Code

New London Ct 06320

Purpose of Disbursement

Bank charges + supplies

Category/Type
001

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 30 2001

B. Full Name (Last, First, Middle Initial)

Mailing Address

Amount of Each Disbursement this Period

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 30 2001

C. Full Name (Last, First, Middle Initial)

Mailing Address

Amount of Each Disbursement this Period

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

281.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Grass Roots East

A. Arrow Paper
 Full Name (Last, First, Middle Initial)
 Mailing Address: *567 Colman Street*
 City: *New London* State: *ct* Zip Code: *06320*
 Purpose of Disbursement: *Rental of helium tank*
 Candidate Name: _____
 Category/Type: *003*

Date of Disbursement: *01 24 2001*
 Amount of Each Disbursement this Period: *42.40*

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

B. Edward Weingart
 Full Name (Last, First, Middle Initial)
 Mailing Address: *142 Meeting House Hill Road*
 City: *Franklin* State: *ct* Zip Code: *06254*
 Purpose of Disbursement: *music at fund raiser*
 Candidate Name: _____
 Category/Type: *003*

Date of Disbursement: *02 02 2001*
 Amount of Each Disbursement this Period: *250.00*

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

C. Boston Concessions
 Full Name (Last, First, Middle Initial)
 Mailing Address: *Ocean Beach Park*
 City: *New London* State: *ct* Zip Code: *06320*
 Purpose of Disbursement: *cost of dinners*
 Candidate Name: _____
 Category/Type: *003*

Date of Disbursement: *02 02 2001*
 Amount of Each Disbursement this Period: *3312.00*

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) *31607.40*

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Grass Route East

A. Full Name (Last, First, Middle Initial)
Stuart Denton

Mailing Address
39 Salisbury Avenue

City *Northampton* State *MA* Zip Code *06354*

Purpose of Disbursement
reimb for dup prot for dinner

Candidate Name

Date of Disbursement
02 22 2001

Amount of Each Disbursement this Period
3500

Category/Type
010

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) *3500*

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
------------------------------	-----------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------------	------------------------------	------------------------------	-----------------------------

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold 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)

Grass Roots East

Date of Disbursement

05 15 2001

A. Full Name (Last, First, Middle Initial)

Ramada Inn

Amount of Each Disbursement this Period

200.00

Mailing Address

City *Norwich* State *CT* Zip Code *06360*

Purpose of Disbursement

Advance for fund-raiser

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

B. Full Name (Last, First, Middle Initial)

Simmons For Congress

Date of Disbursement

03 19 2001

Mailing Address

PO Box 268, Drawer 271

Amount of Each Disbursement this Period

5,000.00

City

Stonington State *CT* Zip Code *06378*

Purpose of Disbursement

Contributions primary 2002

Category/Type

Candidate Name

Robert Simmons

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

5,200.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **01**
OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Grass Roots East

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20483

NAME OF COMMITTEE (In Full) <i>Grass Roots East</i>	FEC IDENTIFICATION NUMBER C
--	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) _____ %
---	----------------	--------------------------------

Mailing Address	Date Incurred or Established	____/____/____	____/____/____	____/____/____
City _____ State _____ Zip Code _____	Date Due	____/____/____	____/____/____	____/____/____

A. Has loan been restructured? No Yes If yes, date originally incurred _____/_____/_____

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(I)(B) and 100.8(b)(12)(H)(B).

Date account established: _____/_____/_____

Location of account: _____

Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE ____/____/____
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	Title _____	DATE ____/____/____
--	-------------	------------------------

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full) *Grass Roots East*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">Grass Roots East</div>	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">C</div>
--	--

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Category/Type
--	------------------------	---

Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code		

Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	--------	--

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Category/Type
--	------------------------	---

Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code		

Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	--------	--

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Category/Type
--	------------------------	---

Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code		

Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	--------	--

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agent.	Subscribed and sworn to before me this <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> day of <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> My Commission expires: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> Signature _____ Date <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> _____ NOTARY PUBLIC
---	---

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) *Grass Roots East*

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
If YES, name the designating committee:

Full Name of Subordinate Committee
Mailing Address
City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee
Mailing Address
City State Zip Code
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:
Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure
Category/Type
Date
Amount

Full Name (Last, First, Middle Initial) of Each Payee
Mailing Address
City State Zip Code
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:
Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure
Category/Type
Date
Amount

Full Name (Last, First, Middle Initial) of Each Payee
Mailing Address
City State Zip Code
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:
Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure
Category/Type
Date
Amount

SUBTOTAL of Expenditures This Page (optional)
TOTAL This Period (last page this line number only)

Amount

**SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS**

NAME OF COMMITTEE (in Full) *Grass Roots East*

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % %	NON-FEDERAL % %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % %	NON-FEDERAL % %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % %	NON-FEDERAL % %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % %	NON-FEDERAL % %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % %	NON-FEDERAL % %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % %	NON-FEDERAL % %

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS**

PAGE _____ OF _____
FOR LINE 16 OF FORM 3X

NAME OF COMMITTEE (In Full)

Grass Roots East

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

[Empty box for Administrative/Voter Drive Amount]

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising ..

[Empty box for Direct Fundraising Amount]

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

[Empty box for Exempt Activity/Direct Candidate Support]

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

[Empty box for Total Administrative/Voter Drive Amount]

TOTAL This Period (Direct Fundraising Amount)

[Empty box for Total Direct Fundraising Amount]

TOTAL This Period (Exempt Activity/Direct Candidate Support)

[Empty box for Total Exempt Activity/Direct Candidate Support]

TOTAL This Period (Total Amount Transferred)

[Empty box for Total Amount Transferred]

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
Grass Roots East

A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Date	

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Date	

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Date	

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full) <i>Grass Roots East</i>		
NAME OF ACCOUNT	Coverage Period From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)		
1. TOTAL RECEIPTS:	<input type="text"/>	<input type="text"/>

DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses	<input type="text"/>	<input type="text"/>
3. Transfers to State/Local Party Organizations	<input type="text"/>	<input type="text"/>
4. Direct State/Local Candidate Support	<input type="text"/>	<input type="text"/>
5. Other Disbursements	<input type="text"/>	<input type="text"/>
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)	<input type="text"/>	<input type="text"/>

SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	<input type="text"/>	<input type="text"/>
8. RECEIPTS (from Line 1)	<input type="text"/>	<input type="text"/>
9. SUBTOTAL	<input type="text"/>	<input type="text"/>
10. DISBURSEMENTS (from Line 6)	<input type="text"/>	<input type="text"/>
11. ENDING CASH ON HAND	<input type="text"/>	<input type="text"/>

