

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
JUL 17 11 31 AM '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 06375*

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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>Apr. 1, 1994 through June 30, 1994</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	\$ <i>1371.43</i>	
(c) Total Receipts (from Line 19)	\$ <i>6076.00</i>	\$ <i>10255.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>7447.43</i>	\$ <i>11497.72</i>
7. Total Disbursements (from Line 30)	\$ <i>6281.79</i>	\$ <i>10332.08</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>1165.64</i>	\$ <i>1165.64</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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  
*7/12/94*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

*Massachusetts East Federal*

REPORT COVERING PERIOD

FROM *4/1/94* TO: *6/30/94*

COLUMN A  
Total This Period

COLUMN B  
Calendar Year

**I. Receipts**

11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		250.00
ii. Unitemized		
iii. Total (add i and ii) >	5,768.00	9,697.00
b. Political Party Committees	5,768.00	9,697.00
c. Other Political Committees (such as PACs)	308.00	308.00
d. Total Contributions (add a ii, b and c) >	6,076.00	10,255.00
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.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,076.00	10,255.00
20. Total Federal Receipts (subtract line 18 from line 19) >	6,076.00	10,255.00

**II. Disbursements**

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	3,781.79	6,332.08
c. Total Operating Expenditures (add a i, a ii, and b) >	3,781.79	6,332.08
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	4,000.00
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. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,281.79	10,293.92
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,281.79	10,293.92

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans)(from line 11d)	6,076.00	10,255.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,076.00	10,255.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,781.79	6,332.08
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	3,781.79	6,332.08

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 8

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 committees.

NAME OF COMMITTEE (In Full)

Massachusetts East Federal

A. Full Name, Mailing Address and ZIP Code Roland for Governor '94 P.O. Box 1295 Middlebury Ct. 06762 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Candidate in Conn for Rep. Gov. Occupation Candidate Aggregate Year-to-Date \$	Date (month, day, year) 6/9/94	Amount of Each Receipt this Period \$ 308.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

8 8 0 4 0 3 9 1 0 0 4 8 8

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$ 308.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 8  
FOR LINE NUMBER 30

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)

*Massport East Federal*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Postmaster Masonic Street New London, Ct. 06320</i>	<i>postage mailing newsletter</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/6/94</i>	<i>\$257.40</i>
<i>Walter Watson 22 Nathan Hale St New London, Ct. 06320</i>	<i>postage etia newsletters</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/6/94</i>	<i>\$75.00</i>
<i>Royal Caterers Limited R. 7 D # 2 Lisbon, Conn 06351</i>	<i>fund raising dinner</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/22/94</i>	<i>1119.86</i>
<i>Munster for Congress '94 P.O. Box 696 Higganum, Ct. 06441</i>	<i>Edward Munster 2nd Congressional Candidate</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/12/94</i>	<i>\$1000.00</i>
<i>Jim Mc Hutchinson 346 Quarry Hill Road Haddam Neck, Ct. 06424</i>	<i>printing newsletters</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/12/94</i>	<i>\$194.84</i>
<i>Postmaster Masonic St. New London Ct 06320</i>	<i>postage mailing newsletters</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/19/94</i>	<i>\$250.80</i>
<i>Postmaster Masonic St. New London Ct 06320</i>	<i>postage mailing etia newsletters</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/23/94</i>	<i>\$24.94</i>
<i>Betty Wagner 172 Stallman Road Colchester Ct. 06415</i>	<i>second Barbara Brown award</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/24/94</i>	<i>\$94.35</i>
<i>Tom Diacro P.O. Box 696 Higganum, Ct. 06441</i>	<i>hotel + breakfast for Rep. John Boehner</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/1/94</i>	<i>\$91.90</i>

SUBTOTAL of Disbursements This Page (optional)

*3109.09*

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 30

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)

*Grassroots East Federal*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Royal Caterers Limited RFD #2 Lisbon, Ct 0631</i>	<i>fund raising dinner</i>	<i>6/9/94</i>	<i>\$1474.68</i>
<i>Ann Learned 19 Hibbe Road Ellington Ct. 06029</i>	<i>postage for mailing notices</i>	<i>6/13/94</i>	<i>\$34.70</i>
<i>Munster for Congress '94 P.O. Box 696 Higganum Ct. 06441</i>	<i>Edward Munster 2nd Cong. Dist candidate</i>	<i>6/15/94</i>	<i>\$1500.00</i>
<i>Jim Mc Hutchinson 346 Quarry Hill Road Haddam Neck Ct. 06424</i>	<i>notice for 2nd Cong. Convention</i>	<i>6/28/94</i>	<i>\$125.16</i>
<i>Walter Watson 22 Nathan Hale St. New London Ct 06320</i>	<i>Coping with newsletters for 4/22/94 fund raising</i>	<i>4/6/94</i>	<i>\$38.16</i>
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

*3172.70*

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

*6281.79*

94037100490

**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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
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<input type="checkbox"/> First Class Mail	POSTMARKED
---	------------

<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/12/94
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
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<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
--	-----------------

<input type="checkbox"/> Other (Specify):	POSTMARKED
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	and/or DATE OF RECEIPT
--	------------------------

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G.A.C. PREPARED	7/18/94 DATE PREPARED
--------------------	--------------------------

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