

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

 PAGE 1 OF 3  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GRASSROOTS EAST-FEDERAL</b>		FEC IDENTIFICATION NUMBER <b>C00492280</b>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>GAGNON SIGNS</b>		Date of Public Distribution/Dissemination <b>09/22/2014</b>
Mailing Address <b>666 UPPER MAPLE STREET</b>		Amount <b>3,266.01</b>
City <b>DANIELSON</b>	State <b>CT</b>	Zip Code <b>06239</b>
Purpose of Expenditure <b>SIGNS - GENERAL PARTY MESSAGE</b>	Category/Type <b>054</b>	Date of Disbursement or Obligation <b>09/22/2014</b>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	


Full Name of Payee <b>GERRY NAGY</b>		Date of Public Distribution/Dissemination <b>09/22/2014</b>
Mailing Address <b>151 NAGY RD.</b>		Amount <b>3,266.01</b>
City <b>NORFOLK</b>	State <b>CT</b>	Zip Code <b>06278</b>
Purpose of Expenditure <b>SIGNS - GENERAL PARTY MESSAGE</b>	Category/Type	Date of Disbursement or Obligation <b>09/22/2014</b>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... **6,532.02**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

  
 Signature

Date **09/22/2014**

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

 PAGE 2 OF 3  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>GRASSROOTS EAST-FEDERAL</u>	FEC IDENTIFICATION NUMBER <u>000492280</u>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <u>MM/DD/YYYY</u>	

Full Name of Payee <u>NORTHEAST PRINTING NETWORK LLC</u>	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>09/22/2014</u>
Mailing Address <u>135 SEBETH DR. STE 8</u>	Amount <u>3267.07</u>
City <u>CTRMWELL CT</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u> <u>09/22/2014</u>
State <u>CT</u>	
Zip Code <u>06416</u>	
Purpose of Expenditure <u>SIGNS-GENERAL PARTY MESSAGE</u>	Category/Type <u>004</u>
Name of Federal Candidate <u></u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u></u>
State: <u></u>	
Calendar Year-To-Date Per Election for Office Sought <u></u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>

Full Name of Payee <u>ED MUNSTER</u>	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>09/22/2014</u>
Mailing Address <u>P.O. Box 152</u>	Amount <u>741.52</u>
City <u>Haddam</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u> <u>09/22/2014</u>
State <u>CT</u>	
Zip Code <u>06438</u>	
Purpose of Expenditure <u>SUPPLIES FOR MOUNTING SIGNS</u>	Category/Type <u>004</u>
Name of Federal Candidate <u></u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u></u>
State: <u></u>	
Calendar Year-To-Date Per Election for Office Sought <u></u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>4,008.59</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Signature]  
Signature

Date MM/DD/YYYY  
09/22/2014

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

 PAGE 3 OF 3  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GRASSROOTS EAST-FEDERAL</b>		FEC IDENTIFICATION NUMBER <b>000492280</b>
Check it <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>GERRY NAGY</b>		Date of Public Distribution/Dissemination <b>09/22/2014</b>
Mailing Address <b>151 NAGY ROAD</b>		Amount <b>225.61</b>
City <b>ASHFORD</b>	State <b>CT</b>	Zip Code <b>06278</b>
Purpose of Expenditure <b>MOUNTING SUPPLIES FOR SIGN</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation <b>09/22/2014</b>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

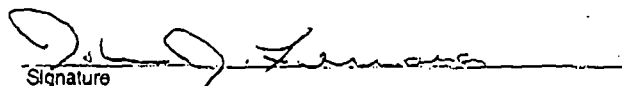
Full Name of Payee <b>NORTHWEST PRINTING NETWORK LLC</b>		Date of Public Distribution/Dissemination <b>09/22/2014</b>
Mailing Address <b>135 SEBETH RD. STE 8</b>		Amount <b>292.46</b>
City <b>CRIMWELL</b>	State <b>CT</b>	Zip Code <b>06416</b>
Purpose of Expenditure <b>DESIGN SERVICE FOR SIGN</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation <b>09/22/2014</b>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... **518.07**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... **1,058.68**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **09/22/2014**

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <span style="float: right;">Date of Receipt or Postmarked</span>  The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	
N/A PREPARER (8/2013)	N/A DATE PREPARED

FEDERAL ELECTION COMMISSION