

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

Aug 3 11 26 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

| | |
|---|---|
| 1. NAME OF COMMITTEE (in full) <i>Grassroots East Federal</i> | |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>P.O. Box 314</i> | 2. FEC IDENTIFICATION NUMBER <i>C00216580</i> |
| CITY, STATE and ZIP CODE <i>Quabbin Neck Ct 06375</i> | 3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on <i>June 30 1988</i> (date). |

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>Jan 1, 1993</i> through <i>June 30, 1993</i> | | |
| 6. (a) Cash on Hand January 1, 19 <i>93</i> | | \$ <i>453.80</i> |
| (b) Cash on Hand at Beginning of Reporting Period | \$ <i>453.80</i> | |
| (c) Total Receipts (from Line 19) | \$ <i>6668.00</i> | \$ <i>6668.00</i> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ <i>7121.80</i> | \$ <i>7121.80</i> |
| 7. Total Disbursements (from Line 30) | \$ <i>4500.48</i> | \$ <i>4500.48</i> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ <i>2621.32</i> | \$ <i>2621.32</i> |
| 9. Debts and Obligations Owed TO 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 20469 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ <i>0</i> | |

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 <i>EMMA LINCOLN</i> | |
| Signature of Treasurer <i>Emma Lincoln</i> | Date <i>7/30/93</i> |

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

FEC FORM 3X

(revised 1/1/91)

1 3 3 4 2 6 4 3

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

[revised 1/1/91]

2

| NAME OF COMMITTEE <i>Grassroots East Federal</i> | | REPORT GOVERNING PERIOD FROM <i>01-01-93</i> TO: <i>06-30-93</i> | |
|---|---|---|---------------------------|
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | | |
| 1. Contributions (other than loans) From: | | | |
| a. Individual Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | | <i>320.00</i> | |
| ii. Unitemized | | <i>6258.00</i> | |
| iii. Total | (add i and ii) > | <i>6578.00</i> | |
| b. Political Party Committees | | <i>90.00</i> | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions | (add a iii, b and c) > | <i>6668.00</i> | |
| 2. Transfers From Affiliated/Other Party Committees | | | |
| 3. All Loans Received | | | |
| 4. Loan Repayments Received | | | |
| 5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | |
| 6. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 7. Other Federal Receipts (Dividends, Interest, etc.) | | | |
| 8. Transfers from Nonfederal Account for Joint Activity | | | |
| 9. Total Receipts | (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | <i>6668.00</i> | |
| 10. Total Federal Receipts | (subtract line 18 from line 9) > | <i>6668.00</i> | |
| 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 | | <i>4500.48</i> | |
| c. Total Operating Expenditures | (add a i, a ii, and b) > | <i>4500.48</i> | |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | <i>0</i> | |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| a. Individual Persons Other Than Political Committees | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contribution Refunds | (add a, b and c) > | | |
| 29. Other Disbursements | | | |
| 30. Total Disbursements | (add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | <i>4500.48</i> | |
| 31. Total Federal Disbursements | (subtract line 21 a i from line 30) > | <i>4500.48</i> | |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | <i>6668.00</i> | |
| 33. Total Contribution Refunds (from line 28d) | | <i>0</i> | |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | <i>6668.00</i> | |
| 35. Total Federal Operating Expenditures | (add 21 b and 21 c) > | <i>4500.48</i> | |
| 36. Offsets to Operating Expenditures (from line 15) | | <i>0</i> | |
| 37. Net Operating Expenditures | (subtract line 36 from 35) > | <i>4500.48</i> | |

2 3 0 3 8 0 4 2 6 4 7

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 112 (U)

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)

Coram-Rocks East Federal

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| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|-------------------------|------------------------------------|
| <i>Ed Maister Horton Rd Haddam CT 06438</i> | <i>Requested</i> | | <i>36. 30. 20. 30.</i> |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>320.</i> | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional) | <i>320.</i> |
| TOTAL This Period (last page this line number only) | <i>320.</i> |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)
Crossroads East Federal

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| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--|--|--|
| <i>Wendell R. R. R. 1000 Main Street Westport, CT</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer: <i>N/A</i> Occupation: <i>N/A</i> Aggregate Year-to-Date > \$ <i>90.00</i> | Date: <i>4-24-93</i> Aggregate Year-to-Date > \$ <i>90.00</i> | Amount of Each Receipt this Period: <i>90.00</i> |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) Aggregate Year-to-Date > \$ | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) Aggregate Year-to-Date > \$ | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) Aggregate Year-to-Date > \$ | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) Aggregate Year-to-Date > \$ | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) Aggregate Year-to-Date > \$ | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) Aggregate Year-to-Date > \$ | Amount of Each Receipt this Period |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | <i>90.00</i> |
| TOTAL This Period (last page this line number only) | <i>90.00</i> |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 216

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

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| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| <i>CT Republicans 73 Oak St. Hartford CT 06103</i> | <u>Printing Exp.</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>01-05-93</i> | <i>\$267.19</i> |
| <i>CT Republicans 73 Oak St Hartford CT 06103</i> | <u>Postage Exp.</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>01-05-93</i> | <i>\$162.45</i> |
| <i>Chestnut Lodge So. Main St. Wolchester CT 06715</i> | <u>Dinner Meeting Expense</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>01-29-93</i> | <i>\$1,309.00</i> |
| <i>Walter Watson 16 Nathan Hale Street New London CT 06320</i> | <u>Post. Exp. Reimb.</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>03-27-93</i> | <i>\$150.00</i> |
| <i>Sound Printing 227 Park St New London CT 06320</i> | <u>Printing Exp.</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>04-05-93</i> | <i>\$161.12</i> |
| <i>Post Master - New London Masonic St New London CT 06320</i> | <u>Postage Exp.</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>04-05-93</i> | <i>\$293.94</i> |
| <i>Postmaster Masonic St. New London CT 06320</i> | <u>Postage Exp.</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>04-05-93</i> | <i>\$29.00</i> |
| <i>Old Saybrook Printing Co. Inc 270 Main St Old Saybrook CT 06475</i> | <u>Printing Exp.</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>04-05-93</i> | <i>\$46.76</i> |
| <i>Chestnut Lodge So. Main St. Wolchester CT 06715</i> | <u>Dinner Meeting Expense</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>04-30-93</i> | <i>\$791.00</i> |

SUBTOTAL of Disbursements This Page (optional)

3140.49

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
FDR LINE NUMBER 210

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)

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Frank Tolson 398 South St Danbury CT 06238 | Post Reimb. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05-10-93 | \$35.00 |
| Secret Printing 327 Bank St. New London CT 06320 | Printing Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06-03-93 | \$150.52 |
| Postmaster Masence St. New London CT 06320 | Post. Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06-03-93 | \$243.17 |
| Republicans 48 Oak St Hartford CT 06103 | Adv. Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06-14-93 | \$50.00 |
| Olympia Restaurant West Main St. Norwich CT 06360 | Dinner Mtg Exp. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06-25-93 | \$776.75 |
| Postmaster New London CT 06320 | P.O. Box Rental Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07-19-93 | \$11.25 |
| Secret Printing 327 Bank St. New London CT 06320 | Printing Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07-19-93 | \$20.00 |
| Walter Watson Nathan Hale St. New London CT 06320 | Post. Exp. Reimb Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07-19-93 | \$20.30 |
| 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) | | | 1359.99 |
| TOTAL This Period (last page this line number only) | | | 4500.48 |

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7/30/93

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.E.S.
 PREPARER

8/3/93
 DATE PREPARED

1 5 J 3 8 5 4 2 5 5 4