SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE / OF 3 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	RECEIV	FE	C IDENTIFICATION NUMBER ▼
GRASSRAOTS ERTT FEDER,	/2012 NOV -5 A	M 3:31 C	3049 2280
Check if 24-hour report 48-hour report New report FC MAIL CENTER 1 D D / Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee		Date	
LLIALLE RADIA	•		ur i a filore io dia di un revisio muni
Mailing Address		/ 2	25 2012
45 POMFROY ST.		Amount	
City State	Zip Code		_
PUTNOM CT	06260		, SZO_0.0
Purpose of Expenditure Co	ategory/ O & 4	Office Sought:	House State:
Political ADVERTISES	Type 0 4		Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:		.	President ——
BARACK OBAMA		Check One:	Support > Oppose
Calendar Year-To-Date Per Election for Office Sought	~ " ' ' ' I	Disbursement F	or: Primary General
Full Name (Last, First, Middle Initial) of Payse	· · · · · · · · · · · · · · · · · · ·	Date	
WBMU ROOK		, M	M
Mailing Address	· · · · · · · · · · · · · · · · · · ·	1.0	25 2012
	Juy	Amount	
758 COLONEL LEDYAND /	Zip Code		
LEDYAND CT	06335		,, I,, I, F, O_ GA
Purpose of Expenditure C	ategory/ Type	Office Sought:	House State:
, A DUE ROTISING	Type 32 4		Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure	1	0	President
BORDER OBOMA		Check One:	Support Doppose
Calendar Year-To-Date Per Election	it i Stumber 📗	Disbursement F	or: Primary 🔀 General
for Office Sought	0 10×00	Other	(specify)
<u> </u>			
(a) SUBTOTAL of Itemized Independent Expenditures			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
			۵ ۵ ۱ ۵ . ۵ . ۵ . ۵ . ۵ . ۵ . ۵ . ۵ . ۵
(b) SUBTOTAL of Uniternized Independent Expenditures	***************************************		The production of the first of the second
(c) TOTAL Independent Expenditures			in the contract of the in-
		" ".	
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	M . M / D	29. 2012
ده طروعات مستقدی و پروستان مستولی این کان میبود استان میبود این سرم میبود این این می			

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES PAGE > OF 3 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ C00492280 GRASSROSTS EAST - FEDERAL Check if 24-hour report 48-hour report New report Amends report filed on Full Name (Last, First, Middle Initial) of Payee Date WCTY RADIO Mailing Address P.O. Bax 551 **Amount** State Zip Code 168000 NORWICH CT 06360 Purpose of Expenditure Office Sought: House Category/ Type ひひみ Name of Federal Candidate Supported or Opposed by Expenditure: Senate District: President مح Check One: Support ✓ Oppose BARRELL OBAMA Disbursement For: Primary General Calendar Year-To-Date Per Election Date Per Election for Office Sought 3,66,000 Other (specify) Full Name (Last, First, Middle Initial) of Payee WMRD/ ULIV RADIS Mailing Address 777 RIVER RD **Amount** Zip Code Purpose of Expenditure

ADVERTISMS

CT

06457

Category/
Type

004 1,190.00 Office Sought: House Senate Name of Federal Candidate Supported or Opposed by Expenditure: District: President Check One: Support **□** Oppose TSPRACIZ OBAMA Disbursement For: Primary 4,880.00 General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures...... 287000 (b) SUBTOTAL of Uniternized 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. Date 2 3 / 3 / 2 0 / 2

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X			
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
GRASSRUTS EAST- FEDERAL	C 00492280			
heck if 24-hour report 48-hour report New report Amends repo	א א א א א א א א א א א א א א א א א א א			
Full Name (Last, First, Middle Initial) of Payee	Date			
WILT RADIS	M, M / D B / Y Y Y Y			
Mailing Address	7 27 28 2			
The MAIN State To Code	Amount			
City State Zip Code CT U6226	, ,952.04			
Purpose of Expenditure A DUERTISING Category/ Type Category/ Type	Office Sought: House State: Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought リング・タフェロム	Disbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
NORTHEAST PRINTING NETWORK LLC	M M / D D / Y Y Y Y / / / / / / / / / / / /			
Mailing Address	75 27 28 7 2			
City State Zip Code	Amount			
City State Zip Code Cremuell T 08416	1,042,23			
Purpose of Expenditure Category/ Type Category/	Office Sought: House State:			
3 1373	Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure:	➤ President Check One: ➤ Support			
Min Rammy	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought , スタフタン	Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1,59 4.23			
	, ,,,,,,,-3			
(b) SUBTOTAL of Uniternized Independent Expenditures	•			
(c) TOTAL Independent Expenditures	· ▶ , 6,87 y 2 3			
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	M, M / D D / Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z			

PAGE 3 OF 3

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation™ or Signature Confirmation™ Label				
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busines	s Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eceipt or Postmarked			
Im 12	11/5/12			
PREPARER (3/2005)	DATE PREPARED			