

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12PE&M5

SPAS SPATIAL FEAST

ADDRESS (number and street)

123 PINNEX STREET

Check if different than previously reported. (AC)

ELLINGTON

CT 06025-3622

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00021530

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)

(a) 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

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

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

01/01/2002

through

12/31/2002

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

CONNOR WALKER, TREASURER

Signature of Treasurer

[Handwritten Signature]

Date

05/03/2003

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 2X (Revised 1/03)

Page 2

Write or Type Committee Name

*GRAFFEO'S EOE*

Report Covering the Period:

From:

*12/01/2002*

To:

*12/31/2003*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2003</i>		<i>3,171.83</i>
(b) Cash on Hand at Beginning of Reporting Period	<i>3,258.20</i>	
(c) Total Receipts (from Line 18)	<i>0.00</i>	<i>0.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	<i>3,258.20</i>	<i>3,171.83</i>
7. Total Disbursements (from Line 30)	<i>864.9</i>	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>3,171.83</i>	<i>3,171.83</i>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

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

6 REPS PARTS PART

Report Covering the Period:

From:

01 01 2003

To:

12 31 2003

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) .....	000	
(ii) Unitemized .....		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii) .....	000	
(b) Political Party Committees .....		
(c) Other Political Committees		
(such as PACs) .....		
(d) Total Contributions (add Lines		
11(a)(i), (b), and (c)) (Carry		
Totals to Line 32, page 4) .....		
12. Transfers from Affiliated/Other		
Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 36, page 4) .....		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees .....		
17. Other Federal Receipts		
(Dividends, Interest, etc.) .....		
18. Transfers from Nonfederal		
Account for Joint Activity .....		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18) .....	000	
20. Total Federal Receipts		
(subtract Line 18 from Line 19) .....	000	

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/01)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	86.49	86.49
22. Transfers to Affiliates/Other Party		
Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)		
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	86.49	86.49

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans) (from Line 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**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	OF
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	
<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29	

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 (Last, First, Middle Initial) FRATERNAL BANK

Mailing Address P.O. BOX 1680

City BRIDGEVIEW State CT Zip Code 06011-1680

Purpose of Disbursement BANK FEES Category/Type 001

Candidate Name ED & DIANE GOLF

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CT District: 20th

Date of Disbursement 12-12-05

Amount of Each Disbursement this Period 86.49

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State District

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State District

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL (of Disbursements This Page (optional)) 86.49

TOTAL This Period (last page this line number only)

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked 5-3-04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>hec</i> PREPARER	5-13-04 DATE PREPARED