

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

2004 NOV 25 A 11:45 COMEB Use Only

1. NAME OF COMMITTEE (to file) TYPE OR PRINT Example: If typing, type over the lines. GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT

ADDRESS (street and street) POST OFFICE BOX 592 YORK HARBOR ME 03911

2. FEC IDENTIFICATION NUMBER 00394379 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (b) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on 11 02 2004 in the State of ME

5. Covering Period 10 14 2004 through 11 22 2004

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 JOSEPH MANGIARICO Signature of Treasurer J. V. Mangiarico Date 11 22 2004

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2008)

Page 2

Write or Type Committee Name

GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT

Report Covering the Period: From: 10 14 2004 To: 11 22 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>000</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>90487</u>	
(c) Total Receipts (from Line 19).....	<u>282370</u>	<u>1025981</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>377857</u>	<u>1025981</u>
7. Total Disbursements (from Line 31).....	<u>365236</u>	<u>1013360</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>12621</u>	<u>12621</u>
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 800-424-3530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

**GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT**

Receipt Covering the Period:

From:

10 14 2004

To:

11 22 2004

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 (if itemized (use Schedule A).....	8,500.00	44,500.00
(i) Unitemized.....	2,023.70	5,809.81
(ii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2,873.70	10,259.81
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 93, page 5).....▶	2,873.70	10,259.81
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 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2,873.70	10,259.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2,873.70	10,259.81

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share .....		
(ii) Non-Federal Share .....	36164	74318
(b) Other Federal Operating Expenditures .....	329072	939042
(c) Total Operating Expenditures (add 21(a)(i), 1a(ii), and (b)) .....	365236	1013360
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use 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. Federal Election Activity (2 U.S.C. §401(20))		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....	365236	1013360
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	329072	939042

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	287370	947620
34. Total Contribution Refunds (from Line 29(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	287370	947620
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)

**GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT**

A. Full Name (Last, First, Middle Initial)  
**GARY, DOUGLAS, DDS**

Mailing Address  
**435 YORK ST.**

City **YORK HARBOR** State **ME.** Zip Code **03911**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AE STHETIC DENTISTRY** Occupation: **DENTIST**

Receipt For:  
 Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000**

Date of Receipt  
**10 11 2004**

Amount of Each Receipt this Period  
**25000**

B. Full Name (Last, First, Middle Initial)  
**KNAUS, DAVID W.**

Mailing Address  
**P.O. Box 1360**

City **YORK HARBOR** State **ME.** Zip Code **03911**

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
**20000**

Date of Receipt  
**10 24 2004**

Amount of Each Receipt this Period  
**20000**

C. Full Name (Last, First, Middle Initial)  
**MORSE, SANDELL, H.**

Mailing Address  
**P.O. Box 97**

City **YORK** State **ME.** Zip Code **03909**

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
**20000**

Date of Receipt  
**10 11 2004**

Amount of Each Receipt this Period  
**20000**

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

**65000**

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 2 OF 2	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)

**GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT**

Full Name (Last, First, Middle Initial)

A. **STRATTON, PHILIPPA, G.**

Mailing Address

**P.O. Box 547**

City

**CAPE NEDDICK,**

State

**ME.**

Zip Code

**03902**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**10 17 2004**

Amount of Each Receipt this Period

**200.00**

Full Name (Last, First, Middle Initial)

B. \_\_\_\_\_

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

\_\_\_\_\_

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. \_\_\_\_\_

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

\_\_\_\_\_

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

**200.00**

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

**850.00**

**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 1 OF 2

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (in Full)

**GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT**

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 18 2004

A.

**SEACOAST NEWSPAPERS**

Mailing Address

P.O. Box 119, 111 MAPLEWOOD AVE.

City

PORTSMOUTH, N.H. 03802-0119

Purpose of Disbursement

ADVERTISEMENT

Candidate Name

JOHN KERRY

004  
Category Type

Amount of Each Disbursement this Period

949.65

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

10 25 2004

B.

**SEACOAST NEWSPAPERS**

Mailing Address

P.O. Box 119, 111 MAPLEWOOD AVE.

City

PORTSMOUTH, N.H. 03802-0119

Purpose of Disbursement

ADVERTISEMENT

Candidate Name

JOHN KERRY

004  
Category Type

Amount of Each Disbursement this Period

1,380.30

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

10 25 2004

C.

**THE YORK INDEPENDENT**

Mailing Address

P.O. Box 6, 240 YORK STREET

City

YORK, ME. 03909

Purpose of Disbursement

ADVERTISEMENT

Candidate Name

JOHN KERRY

004  
Category Type

Amount of Each Disbursement this Period

560.77

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

2,890.72

TOTAL This Period (last page this line number only)



**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 2 OF 2					
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**GRASS ROOTS COALITION TO RESTORE SANITY TO GOVERNMENT**

**A.**

Full Name (Last, First, Middle Initial) ROZANNA PATANE

Date of Disbursement 11 04 2004

Mailing Address POST OFFICE BOX 592

City YORK HARBOR, ME. State ME. Zip Code 03911

Purpose of Disbursement POSTAGE, OFFICE SUPPLIES, PARTY FEES Category/Type 001

Candidate Name JOHN KERRY Amount of Each Disbursement this Period 400.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_ Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_ Amount of Each Disbursement this Period \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_ Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_ Amount of Each Disbursement this Period \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) 400.00

TOTAL This Period (last page this line number only) 329072

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 checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11-22-04
<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>Jms</i> PREPARER	11-26-04 DATE PREPARED