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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT

ADDRESS (number and street) POST OFFICE BOX 592
Check if different than previously reported. (ACC) YORK HARBOR ME 03911

2. FEC IDENTIFICATION NUMBER C 0 0 3 9 4 3 7 9
3. IS THIS REPORT NEW OR AMENDED
N NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
X July 15 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
October 15 Quarterly Report (Q3)				
January 31 Year-End Report (YE)				
July 31 Mid-Year Report (Non-election Year Only) (MY)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)

5. Covering Period 04 16 20 04 through 07 15 20 04

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 MANGIAPICO

Signature of Treasurer J.V. Mangiapico Date 07 15 20 04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 3437g.

Office Use Only

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FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 04 / 16 / 2004 To: ^{M M / D D / Y Y Y Y} 07 / 15 / 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{M M / Y Y} 2004	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	, 607.96	
(c) Total Receipts (from Line 18).....	, 2,164.50	, 4,316.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 2,772.46	, 4,316.11
7. Total Disbursements (from Line 31).....	, 2,085.47	, 3,629.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 86.99	, 686.99
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

PEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

GRASS ROOTS COALITION TO RESTORE SANITY IN GOVERNMENT

Report Covering the Period: From: ^M04 ^D16 ^Y2004 To: ^M07 ^D15 ^Y2004

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).....	1,350.00	2,350.00
(ii) Unitemized.....	814.50	1,966.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2,164.50	4,316.11
(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 33, page 5).....▶	2,164.50	4,316.11
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)).....▶	2,164.50	4,316.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2,164.50	4,316.11

DETAILED SUMMARY PAGE
of Disbursements

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If. 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.....	,	,
(b) Other Federal Operating Expenditures	,	,
(c) Total Operating Expenditures	2,085.47	3,629.12
(add 21(a)(i), (a)(ii), and (b)).....▶	2,085.47	3,629.12
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. §431(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)) ..	2,085.47	3,629.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....▶	2,085.47	3,629.12

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)	2,164.50	3,532.50
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,164.50	3,532.50
36. Total Federal Operating Expenditures (add Line 21(a)(1) 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: (check only one)		PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. ROLFE, NELL R. ROLFE			Date of Receipt MM / DD / YYYY 07 / 03 / 2004	
Mailing Address P.O. Box 304				
City YORK	State ME.	Zip Code 03909	Amount of Each Receipt this Period , 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF EMPLOYED		Occupation AUTHOR		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 500.00		

Full Name (Last, First, Middle Initial) B. MURPHY, PATRICIA R.			Date of Receipt MM / DD / YYYY 06 / 07 / 2004	
Mailing Address P.O. Box 547				
City YORK HARBOR	State ME.	Zip Code 03911-0547	Amount of Each Receipt this Period , 850.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF EMPLOYED		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RENT - 2 MO.		Aggregate Year-to-Date ▼ , 850.00		

Full Name (Last, First, Middle Initial) C.			Date of Receipt MM / DD / YYYY	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
Name of Employer		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).....▶	, 1,350.00
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 1 OF 1
	<input type="checkbox"/> 21a <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 25a	<input type="checkbox"/> 23 <input type="checkbox"/> 25b	<input type="checkbox"/> 24 <input type="checkbox"/> 25c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30a	

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 GOV.

Full Name (Last, First, Middle Initial)

A. MURPHY, PATRICIA R.

Mailing Address

P.O. Box 547

City

YORK HARBOR, ME 03911-0547

Purpose of Disbursement

PAID RENT - 2 Mo.

Candidate Name

Category/
Type

Date of Disbursement

0 / 0 / 2004

Amount of Each Disbursement this Period

850.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

____ / ____ / ____

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

____ / ____ / ____

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

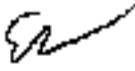
SUBTOTAL of Disbursements This Page (optional).....▶

850.00

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

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

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<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
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	7/21/04
PREPARER	DATE PREPARED