

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM

2000 OCT 15 A 11:49

1. (a) NAME OF COMMITTEE IN FULL Grinderson Reelection Committee		<input type="checkbox"/> (Check if name is changed)	2. DATE 10-12-00
(b) Number and Street Address P.O. Box 1818		<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code Bozrah, CT 06334		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
 - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|----------------------|-----------------------------|-----------------------|----------------|
| SAM GRIDENSON | DEMOCRAT | US CONGRESSMAN | CT/02 |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (e) This committee is a separate segregated fund.
 - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

7. Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Patricia LaPregna	P.O. Box 1818, Bozrah, CT 06334	Treasurer
Heather Roberts		Assistant Treasurer
Sabby Cini		Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
EASTERN SAVINGS and LOAN	255 MAIN ST, NORWICH, CT 06360

I certify that I have examined the statements and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Patricia LaPregna	SIGNATURE OF TREASURER <i>Patricia LaPregna</i>	DATE 10-12-00
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. §1976. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9590
Local 202-218-3420

ESRAN121

FEC FORM 1
(revised 4/87)

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10/13/2000
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>Py</i>	 10/16/2000
PREPARER	DATE PREPARED