

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2019 FEB 21 AM 11:28

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

GRASSROOTS EAST - FEDERAL

ADDRESS (number and street) 54 HARTFORD TURNPIKE, SUITE 1

(Check if address is changed) P.O. BOX 2,315

VERNON CT 06066
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 02 / 14 / 2019

3. FEC IDENTIFICATION NUMBER C 0 0 4 9 2 2 8 0

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer YU MULLAN

Signature of Treasurer

Date 02 / 14 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| | | | | |
|-----------------|--|--|--|--|
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|-----------------|--|--|--|--|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

2019 FEB 21 AM 11:28

5. TYPE OF COMMITTEE

Candidate Committee:

- (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: _____ House _____ Senate _____ President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation
 - Corporation w/o Capital Stock
 - Labor Organization
 - Membership Organization
 - Trade Association
 - Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. _____ FEC ID number C
- 2. _____ FEC ID number C
- 3. _____ FEC ID number C
- 4. _____ FEC ID number C

20110101 10:00:00 AM

Write or Type Committee Name

GRASSROOTS EAST - FEDERAL

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Y U M U L L A N

Mailing Address

5,4 H A R T F O R D T U R N P I K E , S U I T E 1
P O B O X 2 3 1 5
V E R N O N C T 0 6 0 6 6

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

8 6 0 - 5 7 8 - 8 4 8 8

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 of Treasurer

Y U M U L L A N

Mailing Address

5,4 H A R T F O R D T U R N P I K E , S U I T E 1
P O B O X 2 3 1 5
V E R N O N C T 0 6 0 6 6

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

8 6 0 - 5 7 8 - 8 4 8 8

2010-09-08 10:10:10 AM

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

PEOPLES UNITED BANK

Mailing Address

35 TALCOTTVILLE ROAD

[Empty grid for Mailing Address line 2]

VERNON CT 06066

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

11-10-2008 10:10:10 AM

5(g) or (h). **Joint Fundraising Participant:**

| | |
|----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |
| 3. | <input type="text"/> |
| 4. | <input type="text"/> |

FEC ID number C
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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Mailing Address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Mailing Address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number --

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.

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Mailing Address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

CITY ▲

STATE ▲

ZIP CODE ▲

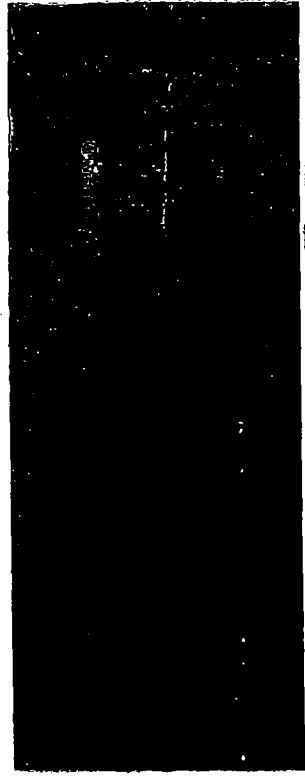
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UNIVERSITY MICROFILMS

Grassroots Campaigns

P.O. Box 2315

Vernon, CT 06066



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Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

9419 9419 0000 0000 0000 0000



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL[®]

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.

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| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <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 |

rf
 PREPARER
 (3/2015)

2-21-19
 DATE PREPARED

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