REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
FEB 4 2 58 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
C00158998 10696 N 234
STEVEN DERBY
CONNECTICUT CITIZEN ACTION GRO
UP FED FAC
45 SOUTH MAIN ST
WEST HARTFORD 06107

2. FEC IDENTIFICATION NUMBER
C 00 / 158998

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☑ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 12/1/96 through 12/31/96		
6.	(a) Cash on Hand January 1, 19 96		$ Ø
	(b) Cash on Hand at Beginning of Reporting Period	$ 289.24	
	(c) Total Receipts (from Line 19)	$ 1.27	$ 5002.40
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 290.51	$ 5002.40
7.	Total Disbursements (from Line 30)	$ 201.60	$ 4913.49
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 88.91	$ 88.91
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)	$ 359.36	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 JUDITH A. WASLEN DEPUTY TREASURER

Signature of Treasurer _____ Date 1/29/97

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2 FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: CCAG FEDERAL PAC

REPORT COVERING PERIOD FROM 12/1/96 TO 12/31/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		5000.00	11(c)
d. Total Contributions (add iii, b and c) ➤		5000.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	1.27	12.40	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1.27		19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	1.27	5002.40	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	Ø	Ø	21(a)(i)
ii. Non-Federal Share	Ø	Ø	21(a)(ii)
b. Other Federal Operating Expenditures	17.20	17.20	21(b)
c. Total Operating Expenditures (add 21a i and b) ➤	17.20	17.20	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)	3,587	4,727.56	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—		25
26. Loan Repayments Made	68.73	68.73	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤	Ø	Ø	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4411.60	4813.49	30
31. Total Federal Disbursements (subtract line 21a i from line 30) ➤	4411.60	4813.49	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	Ø	5000.00	32
33. Total Contribution Refunds (from line 28d)	Ø	Ø	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	Ø	5000.00	34
35. Total Federal Operating Expenditures (add 21 a ii and 21 b) ➤	17.20	17.20	35
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	17.20	17.20	37

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 26

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)

CT Citizen Action Group Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Judith Maslen 11 Springside Ave East Hartford, CT 06108	LOAN REPAYMENT	12/6/96	68.73
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	68.73
TOTAL This Period (last page this line number only)	68.73

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 24

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): CCAG Federal PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code: LINX, George St, New Haven CT 06511	Telephone; Disbursement for: Primary ✓ General; Other (specify)	12/17/96	34.58
B. Full Name, Mailing Address and ZIP Code: CT Dept of Revenue Svcs, 25 Sigourney St, Hartford CT 06103	Purpose of Disbursement: Withholding Tax on PR; Disbursement for: Primary ✓ General; Other (specify)	12/31/96	22.54
C. Full Name, Mailing Address and ZIP Code: Internal Revenue Service, Andover, WA	Purpose of Disbursement: Payroll taxes on Nov PR; Disbursement for: Primary ✓ General; Other (specify)	12/31/96	11.53
D. Full Name, Mailing Address and ZIP Code: ST of CT Dept of Labor, 200 Folly Brook Blvd, Wethersfield, CT 06109	Purpose of Disbursement: Payroll taxes on Nov PR; Disbursement for: Primary ✓ General; Other (specify)	12/31/96	73.52
E. Full Name, Mailing Address and ZIP Code: CCAG, 45 South Main St, W. Hartford CT 06107	Purpose of Disbursement: Rent for Printing + Health Insurance; Disbursement for: Primary ✓ General; Other (specify)	12/17/96	173.50
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: Primary General; Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: Primary General; Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: Primary General; Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: Primary General; Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	315.67
TOTAL This Period (last page this line number only)	315.67

FEC Akn35

SCHEDULE C
(Revised 3/80)

LOANS

Page ___ of ___ for
LINE NUMBER 3-6
(Use separate schedules for each numbered line)

Name of Committee (In Full)
CCAG FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
JUDITH MASLEN 11 SPRINGSIDE AVE EAST Hartford CT 06107	68.73	68.73	8

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(a.r.) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(a.r.) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	8
TOTALS This Period (last page in this line only)	8

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
CCAG Federal PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor UAW Local 376 30 Elmwood Rd Norwich, CT 06360	1.69	Ø	Ø	1.69
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Internal Revenue Svc Andover, Mass 01810	359.20	Ø	11.53	347.67
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				359.36
2) TOTALS This Period (last page in this line only)				359.36
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				359.36

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SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

Page 1 of 1 Pages

(See Reverse Side for Instructions)

Name of Committee (In Full)
CCAG FEDERAL PAC

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
LINX GEORGE ST NEW HAVEN, CT 06511	TELEPHONE	12/17/96	34.58	JAMES MALONEY 6TH CD SAM GEDJENSON 2ND CD ☑ Support ☐ Oppose
CT Dept of Rev. SVCS 25 SIGOURNEY ST Hartford, CT	Payroll taxes	12/31/96	22.04	James Maloney 6th CD ☑ Support ☐ Oppose
Internal Revenue SVC ANDOVER, MA	"	"	1.53	" ☑ Support ☐ Oppose
CT Dept of Labor 200 Folk Brook Wethersfield, CT	"	"	73.52	" ☑ Support ☐ Oppose
CCAG 45 S. MAIN ST W. Hartford, CT	PRINTING + Health Ins Reimb	12/17/96	173.50	James Maloney 6th CD Sam Gedjenson 2nd CD ☑ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ _____

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ 315.67

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consolidation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature _____ Date 1/24/97

Subscribed and sworn to before me this _____ day of _____, 19__

My Commission expires _____

NOTARY PUBLIC

FE6AN135

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.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 1-30-97
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JKS
PREPARER

2-4-97
DATE PREPARED

FEC FORM 70-2 (12/92)