REPORT OF RECEIPTS AND DI$BURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00158998 090294 1 456
STEVEN DERBY
CONNECTICUT CITIZEN ACTION GRD
UP FED PAC
45 SOUTH MAIN ST
WEST HARTFORD CT 06107

Oct 13 11 55 AM '94

2. FEC IDENTIFICATION NUMBER C 00158998

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 July 1, 1994 through Sept. 30, 1994		
6. (a) Cash on Hand January 1, 1994		$ 21.36
(b) Cash on Hand at Beginning of Reporting Period	$ 21.36	
(c) Total Receipts (from Line 19)	$ 353.00	$ 353.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 374.36	$ 374.36
7. Total Disbursements (from Line 30)	$ 356.15	$ 356.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 18.21	$ 18.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 799.39	

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 MASLIN, DEPUTY TREASURER

Signature of Treasurer: [signature] Date: 10/5/94

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)

FE3AA101

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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: July 1 TO: Sept 30, 1994

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	Ø	Ø	11(a)(i)
ii. Unitemized	143.00	143.00	11(a)(ii)
iii. Total ...(add i and ii) ➤	143.00	143.00	11(a)(iii)
b. Political Party Committees	Ø		11(b)
c. Other Political Committees (such as PACs)	Ø		11(c)
d. Total Contributions ...(add a ii, b and c) ➤	143.00	143.00	11(d)
12. Transfers From Affiliated/Other Party Committees	Ø		12
13. All Loans Received	210.00	210.00	13
14. Loan Repayments Received	Ø		14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	Ø		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	Ø		16
17. Other Federal Receipts (Dividends, Interest, etc.)	Ø		17
18. Transfers from Nonfederal Account for Joint Activity	Ø		18
19. Total Receipts ...(add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	353.00	353.00	19
20. Total Federal Receipts ...(subtract line 18 from line 19) ➤	353.00	353.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	5.00	5.00	21(b)
c. Total Operating Expenditures ...(add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees ...IN KIND	351.15	351.15	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			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) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements ...(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	356.15	356.15	30
31. Total Federal Disbursements ...(subtract line 21 a ii from line 30) ➤	356.15	356.15	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	143.00	143.00	32
33. Total Contribution Refunds (from line 28d)	Ø	Ø	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	143.00	143.00	34
35. Total Federal Operating Expenditures ...(add 21 a i and 21 b) ➤	5.00	5.00	35
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø	36
37. Net Operating Expenditures ...(subtract line 36 from 35) ➤	5.00	5.00	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 23

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): CCAE FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code: Gregory HADDAD, 205 Vernon Ave, Vernon, CT 06066	Purpose of Disbursement: SALARY gross = 24.38 Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	Date (month, day, year): 7/20/94	Amount of Each Disbursement This Period: 22.50
B. Full Name, Mailing Address and ZIP Code: "	Purpose of Disbursement: salary gross = 48.76 Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	Date (month, day, year): 7/27/94	Amount of Each Disbursement This Period: 42.44
C. Full Name, Mailing Address and ZIP Code: "	Purpose of Disbursement: SALARY gross = 73.14 Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	Date (month, day, year): 8/10/94	Amount of Each Disbursement This Period: 63.67
D. Full Name, Mailing Address and ZIP Code: "	Purpose of Disbursement: SALARY Gross 73.14 Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	Date (month, day, year): 8/17/94	Amount of Each Disbursement This Period: 63.67
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)	192.28
TOTAL This Period (last page this line number only)	192.28

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for LINE NUMBER 9
(Use separate schedules for each numbered line)

Name of Committee (In Full): CCAG FEDERAL PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: INTERNAL REVENUE SERVICE ANDOVER, MA 05501	Ø	60.10	Ø	60.10
Nature of Debt (Purpose): payroll taxes/July-Sept 1994				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: ST of CT Dept of LABOR 200 Rolly Brook BLVD Wethersfield, CT 06109	Ø	14.92	Ø	14.92
Nature of Debt (Purpose): Payroll Taxes/July-Sept 1994				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: ST of CT Dept of Revenue Surv FARMINGTON AVE HARTFORD, CT 06105	Ø	12.79	Ø	12.79
Nature of Debt (Purpose): STATE withholding taxes				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: UAW LOCAL 376 30 ELMWOOD CT NEWINGTON CT 06111	Ø	1.58	Ø	1.58
Nature of Debt (Purpose): UNION DUES withheld				
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)	89.39
2) TOTALS This Period (last page in this line only)	89.39
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	710.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	799.39

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SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 8
(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 A MASLEN 115 Springside Ave E. Hartford, CT 06108	$1000 1/91 + 210 7/94	500 —	$ 710.00

Election: Primary ✓General Other (specify):

Terms: Date Incurred 1991 + 1994 Date Due _____ Interest Rate 5 %(apr) 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 _____ %(apr) 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)	710 —
TOTALS This Period (last page in this line only)	710 —

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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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 10/14/94
☐	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

PKY

PREPARER

10/18/94

DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 3 1 1 3 3