REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
CT Citizen Action Group Federal PAC

ADDRESS (number and street) ☐ Check if different than previously reported
45 South Main Street

CITY, STATE and ZIP CODE
West Hartford, CT 06107

DEC 12 9 05 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 Nov 8 in the State of Connecticut

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period Oct 20 through Nov 28, 1994		
6. (a)	Cash on Hand January 1, 1994		$ 21.36
(b)	Cash on Hand at Beginning of Reporting Period	$ 2.12	
(c)	Total Receipts (from Line 19)	$ 2295.00	$ 2723.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2297.12	$ 2744.36
7.	Total Disbursements (from Line 30)	$ 2288.38	$ 2735.62
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8.74	$ 8.74
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)	$ 960.75	

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 MARLEN, Deputy Treasurer

Signature of Treasurer [signature] Date 12/7/94

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)

4-30173

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 OCT 20 TO NOV 28

	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)	1750.00	1750.00	11(a)(i)
ii. Unitemized	95.00	313.00	11(a)(ii)
iii. Total (add i and ii) ➤	1845.00	2063.00	11(a)(iii)
b. Political Party Committees	Ø	Ø	11(b)
c. Other Political Committees (such as PACs)	Ø	Ø	11(c)
d. Total Contributions (add a iii, b and c) ➤	1845.00	2063.00	11(d)
12. Transfers From Affiliated/Other Party Committees	Ø	Ø	12
13. All Loans Received	450.00	660.00	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2295.00	2723.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2295.00	2723.00	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	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤		5.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees IN KIND	1328.38	1720.62	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	710.00	710.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	250.00	250.00	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) ➤	2288.38	2735.62	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2288.38	2735.62	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1845.00	2063.00	32
33. Total Contribution Refunds (from line 28d)	250.00	250.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1595.00	1813.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	Ø	5—	35
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	Ø	5—	37

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11a1

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 Philip Schonbrunn 500 Simsbury Rd Bloomfield, CT 06002 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1000 (250 was refunded)	Date (month, day, year) 10/25/94	Amount of Each Receipt this Period $1250.-
B. Full Name, Mailing Address and ZIP Code Robert Simons 433 S. Main St W. Hartford, CT 06107 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer Self Employed Occupation Realtor Aggregate Year-to-Date $ 500	Date (month, day, year) 10/26/94	Amount of Each Receipt this Period $500
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1750.-
TOTAL This Period (last page this line number only)	1750.-

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SCHEDULE B **ITEMIZED DISBURSEMENTS** INKIND

TO: Committee to Re Elect Sam Gedjenson, 16 Franklin St Norwich CT 06360
Patricia Lafferty, Treasurer

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full): CT Citizen Action Group Federal PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code: Postmaster, Weston St, Hartford, CT 06101	Postcard + Newsletter Mailings to members; Disbursement for: Primary ✓ General; Other (specify)	11/13/94 10/21/94	350.00 $290.00
B. Full Name, Mailing Address and ZIP Code: UAW Local 376, 30 Newington Rd, Newington, CT 06111	Union Dues Deductions from Paychecks [illegible]; Disbursement for: Primary ✓ General; Other (specify)	11/28/94	2.84
C. Full Name, Mailing Address and ZIP Code: David Krause, c/o CCAG, 10 Dog Ln, Storrs, CT 06268	Wages for Conversions; Disbursement for: Primary ✓ General; Other (specify)	10/24/94	2.77
D. Full Name, Mailing Address and ZIP Code: Lawrence Marsden, c/o CCAG, 45 E. Main St, W. Hartford, CT 06107	Wages for Newsletter + Postcard Prep & Mailing; Disbursement for: Primary ✓ General; Other (specify)	10/9/94	37.94
E. Full Name, Mailing Address and ZIP Code: Garrett Printer, 21 Turnet St, Willimantic, CT 06226	Wages for Running Phone Banker; Disbursement for: Primary ✓ General; Other (specify)	11/16/94	129.51
F. Full Name, Mailing Address and ZIP Code: Judith Maslen, 11 Springside Ave, E. Hartford, CT 06108	Wages for Running Phone Banker; Disbursement for: Primary ✓ General; Other (specify)	11/9+16	431.14
G. Full Name, Mailing Address and ZIP Code: St of CT Dept of Revenue, Farmington Ave, Hartford, CT 06103	Withholding Taxes July-Sept 1994; Disbursement for: Primary ✓ General; Other (specify)	10/21/94	12.79
H. Full Name, Mailing Address and ZIP Code: Internal Revenue Service, Andover, MA 05501	Withholding + Fica July-Sept 1994; Disbursement for: Primary ✓ General; Other (specify)	10/21/94	57.14
I. Full Name, Mailing Address and ZIP Code: St of CT Dept of Labor, 200 Folly Brook Blvd, Wethersfield, CT 06109	Unemployment Taxes July-Sept 1994; Disbursement for: Primary ✓ General; Other (specify)	10/28/94	14.55

SUBTOTAL of Disbursements This Page (optional)	1328.68
TOTAL This Period (last page this line number only)	1328.68

4-00173

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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

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NAME OF COMMITTEE (in Full)
CT CITIZEN ACTION GROUP Federal PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code JUDITH MASLEN 11 SPRINGSIDE AVE EAST HARTFORD, CT	Loan Repayment Disbursement for: Primary / General / Other (specify)	10/15/94 10/27/94	110.00 600.00
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)	710.00
TOTAL This Period (last page this line number only)	710.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28a

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NAME OF COMMITTEE (In Full)
CT Citizen Action Group Federal Political Action Comm.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Philip Schonberger 300 Simsbury Rd Bloomfield, CT 06002	Refund of Contribution on checks of $1000 Disbursement for: [ ] Primary [✓] General [ ] Other (specify)	10/25/94	$250.00
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) 250

TOTAL This Period (last page this line number only) 250

4-00173

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 9 $26
(Use separate schedules for each numbered line)

Name of Committee (in Full)
CCAG Federal Political Action Committee

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 06108 Election: Primary General Other (specify):	$1000 JAN. 1991 210 JULY 1994 450 NOV 1994	$1210.00 ($210 This period)	$450.00

Terms: Date Incurred _____ 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)	450
TOTALS This Period (last page in this line only)	450

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

9 4 0 3 9 5 0 2 5 4 0

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	60.10	185.18	57.14	188.14
Nature of Debt (Purpose): PAYROLL TAXES/July - 1994				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: ST OF CT DEPT OF LABOR, 200 FOLLY BROOK BLVD, WETHERSFIELD, CT 06109	14.92	29.89	14.55	29.89
Nature of Debt (Purpose): PAYROLL TAXES/July - 1994				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: ST OF CT DEPT OF REVENUE SVCS, FARMINGTON AVE, HARTFORD, CT 06105	12.79	23.61	12.79	23.61
Nature of Debt (Purpose): STATE WITHOLDING TAXES				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: UAW LOCAL 376, 30 ELMWOOD CT, NEWINGTON CT 06111	1.58	1.26	2.84	Ø
Nature of Debt (Purpose): UNION DUES WITHELD				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: INTERNAL REVENUE SVC, ANDOVER, MA 05501	Ø	9.11	Ø	9.11
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)				250.75
2) TOTALS This Period (last page in this line only)				250.75
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)				960.75

9405352541

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
☐	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

MM.
PREPARER

10-12-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 5 0 2 5 4 2