

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER 2002 DEC -8 P 12:07 Office Use Only

1. NAME OF COMMITTEE (In full) ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FB4MS

ADDRESS (Number and street) 200 TRUMBULL STREET HARTFORD CT 06103

2. FEC IDENTIFICATION NUMBER 000391321

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

Grid for reporting frequency (Quarterly, Year-End, etc.) and report type (12-Day PRE-Election, 30-Day POST-Election, etc.)

5. Covering Period 12/01/2002 through 12/02/2002

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 S. FRANK D'ERCOLE

Signature of Treasurer [Handwritten Signature] Date 12/03/2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form SX (Revised 1/01)

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

12/01/2002

To:

12/31/2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>516838</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>484238</u>	
(c) Total Receipts (from Line 19)	<u>0.00</u>	<u>612400</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>484238</u>	<u>1129238</u>
7. Total Disbursements (from Line 30)	<u>2980000</u>	<u>945000</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>184238</u>	<u>184238</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	

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

For further information contact:

Federal Election Commission
990 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 2X (Revised 1/01)

Page 3

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10/01/2002

To:

12/31/2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	6,124.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	0.00	6,124.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	0.00	6,124.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	0.00	6,124.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	9,450.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	3,000.00	9,450.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	3,000.00	9,450.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	6,124.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	6,124.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 16
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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)
ROBINSON & COLE FEDERAL POLITICAL ACTION

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: CE

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: 01/15/2011

Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: CE

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: 01/15/2011

Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: CE

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: 01/15/2011

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) _____ ▶ 300.00

TOTAL This Period (last page this line number only) _____ ▶ 300.00

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

Use separate subchedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)								PAGE 6 OF 16	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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)
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial): **LARSON FOR CONGRESS, BARRY FELDMAN, TREAS**

Mailing Address: **29 RUFF CIRCLE**

City: **GLASTONBURY CT** State: **CT** Zip Code: **06033**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **JOHN LARSON**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: **CT** District: **01**

Date of Disbursement: **10/25/2003**

Amount of Each Disbursement this Period: **1,000.00**

B.

Full Name (Last, First, Middle Initial): **CAPUANO FOR CONGRESS COMMITTEE**

Mailing Address: **P.O. BOX 440305**

City: **SUMMERVILLE MA** State: **MA** Zip Code: **02144**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **MICHAEL EVERETT CAPUANO**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: **MA** District: **08**

Date of Disbursement: **10/25/2003**

Amount of Each Disbursement this Period: **1,000.00**

C.

Full Name (Last, First, Middle Initial): **COURTNEY FOR CONGRESS**

Mailing Address: **38 RISLEY ROAD**

City: **VERNON CT** State: **CT** Zip Code: **06066**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **JOSEPH P. COURTNEY**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: **CT** District: **02**

Date of Disbursement: **11/04/2003**

Amount of Each Disbursement this Period: **500.00**

SUBTOTAL of Disbursements This Page (optional) **2,500.00**

TOTAL This Period (last page this line number only) **3,000.00**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE	OF
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25			
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 26b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29		

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)

Full Name (Last, First, Middle Initial)

LEADERSHIP '02, ELIZABETH BERNS, TREAS.

Date of Disbursement

10 29 2007

Mailing Address

2200 CRENSHAW BLVD

City State Zip Code

ARLINGTON VA 22201

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

CONTRIBUTION

Category/Type

Candidate Name

NOT APPLICABLE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

500.00
2000.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 17 OF 16

FOR LINE 19 OF FORM 3X

NAME OF COMMITTEE (in Full)

ROBINSON & SOLE FEDERAL POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Section:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (APR) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

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

**SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full) ROBINSON L COLE FEDERAL POLITICAL ACTION COMTEE.		FEC IDENTIFICATION NUMBER C00341321	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan 0.00	Interest Rate (APR) 1%	
Mailing Address	Date Incurred or Established	[] [] []	[] [] []
City State Zip Code	Date Due	[] [] []	[] [] []
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred		[] [] []	[] [] []
B. If line of credit: Amount of this Draw:	Total Outstanding Balance:	[] [] []	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? [] [] [] Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? [] [] []	
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: [] [] []		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE [] [] []	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE [] [] []	
Title		[] [] []	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 4 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (in Full)
RUBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):	
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period
		Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):	
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period
		Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):	
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period
		Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
<u>ROBINSON & COLE FEDERAL-POLITICAL ACTION CMTE.</u>	<u>C00341321</u>

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: House Senate Presidential	
Date	Amount	Check One: Support Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: House Senate Presidential	
Date	Amount	Check One: Support Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: House Senate Presidential	
Date	Amount	Check One: Support Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	→	→	→
(b) SUBTOTAL of Unitemized Independent Expenditures	→	→	→
(c) TOTAL Independent Expenditures	→	→	→

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee.

Date

Signature

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
---	--------------------	------------------------

NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
---	--------------------	------------------------

NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
---	--------------------	------------------------

NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
---	--------------------	------------------------

NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
---	--------------------	------------------------

NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
---	--------------------	------------------------

SCHEDULE H3 (FEC Form 3X)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE 14 OF 16
FOR LINE 1B OF FORM 3X

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		0.00

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount) 0.00

TOTAL This Period (Direct Fundraising Amount) 0.00

TOTAL This Period (Exempt Activity/Direct Candidate Support) 0.00

TOTAL This Period (Total Amount Transferred) 0.00

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE 15 OF 16
FOR LINE 21b OF FORM 3X

NAME OF COMMITTEE (to Full)
ROBINSON R COLE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State Zip Code	<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:	Category/Type	Event Year-To-Date	
Description:		Date	
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT			

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State Zip Code	<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:	Category/Type	Event Year-To-Date	
Description:		Date	
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT			

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State Zip Code	<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:	Category/Type	Event Year-To-Date	
Description:		Date	
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT			

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
			0.00
TOTAL This Period (last page for each Fed only) (Federal share to 21(a)(i) and non-Federal share to 21(b)(ii))			
FEDERAL SHARE		NON-FEDERAL SHARE	TOTAL AMOUNT
			0.00
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT: NOT APPLICABLE
Coverage Period: From 12/01/2002 To 12/02/2002

COLUMN A TOTAL THIS PERIOD COLUMN B YEAR-TO-DATE

RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)
1. TOTAL RECEIPTS: 0.00

DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)
2. Transfers to Federal or Allocation Account for Allocable Expenses
3. Transfers to State/Local Party Organizations
4. Direct State/Local Candidate Support
5. Other Disbursements
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5) 0.00

SUMMARY
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)
8. RECEIPTS (from Line 1)
9. SUBTOTAL
10. DISBURSEMENTS (from Line 6)
11. ENDING CASH ON HAND 0.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12/8/09</i>
<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>[Signature]</i> PREPARER	<i>12/10/09</i> DATE PREPARED