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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ROBINSON E COLE FEDERAL POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

280 TRUMBULL STREET

Check if different than previously reported. (ACC)

C/O S. FRANK D'ERCOLE

HARTFORD

CT

06103-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00341321

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

04 / 01 / 2006

through

06 / 30 / 2006

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

Date

07 / 10 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

2603912202E

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

04 / 01 / 2006

To:

06 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		3,665.21
(b) Cash on Hand at Beginning of Reporting Period.....	3,665.21	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3,665.21	3,665.21
7. Total Disbursements (from Line 31).....	2,700.00	2,700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	915.21	915.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

26039122027

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **04** / **01** / **2006** To: **06** / **30** / **2006**

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).....	006	600
(ii) Unitemized.....	000	600
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	000	000
(b) Political Party Committees.....	600	600
(c) Other Political Committees (such as PACs).....	000	600
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	606	606
12. Transfers From Affiliated/Other Party Committees.....	606	000
13. All Loans Received.....	600	000
14. Loan Repayments Received.....	600	000
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	000	606
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	000	006
17. Other Federal Receipts (Dividends, Interest, etc.).....	000	600
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	600	000
(b) Levin Funds (from Schedule H5).....	000	606
(c) Total Transfers (add 18(a) and 18(b))..	006	606
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	606	000
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	600	006

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 0 0	0 0 0
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29. Other Disbursements	0 0 0	0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0 0	0 0 0
(ii) "Levin" Share	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0 0 0	0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 0 0	0 0 0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0 6	0 0 6
34. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6 0 0	0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0 0	0 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 6	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0 0	0 0 0

26039122030

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>2</u> OF <u>21</u>	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 E. COLE FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: / /

Amount of Each Receipt this Period:

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: / /

Amount of Each Receipt this Period:

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: / /

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

26039122031

**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 7 OF 21
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 28 30b	

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): **CRAIG, JAMES W.**

Date of Disbursement: **05 / 08 / 2006**

Mailing Address: **P.O. BOX 5641**

City: **MANCHESTER** State: **NH** Zip Code: **03108**

Purpose of Disbursement: **POLITICAL CONTRIBUTIONS** Category/Type: **011**

Candidate Name: **JAMES W. CRAIG**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NH** District: **01**

Amount of Each Disbursement this Period: **2,500.00**

B.

Full Name (Last, First, Middle Initial): **FARRELL, DIANE GOSS**

Date of Disbursement: **06 / 06 / 2006**

Mailing Address: **P.O. BOX 5154**

City: **WESTPORT** State: **CT** Zip Code: **06881**

Purpose of Disbursement: **POLITICAL CONTRIBUTIONS** Category/Type: **011**

Candidate Name: **DIANE GOSS FARRELL**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CT** District: **04**

Amount of Each Disbursement this Period: **2,500.00**

C.

Full Name (Last, First, Middle Initial):

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: Category/Type:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional): **2,700.00**

TOTAL This Period (last page this line number only): **2,700.00**

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SCHEDULE C (FEC Form 3X)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

26039122033

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 9 of Schedule C

NAME OF COMMITTEE (In Full) ROBINSON + COLE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C00341321
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No 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?
 No 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?
 No Yes If yes, specify: What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 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 forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

26039122034

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

ROBINSON & 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).....	
2) TOTALS This Period (last page this line number only).....	
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) ▶	

26039122035

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

PAGE 11 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ROBINSON + COIE FEDERAL POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER C 00341321
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(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, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____	Date MM / DD / YYYY
-----------------	---------------------

26039122036

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only

26039122038

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES 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. 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. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

26039122039

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <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 % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <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 % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <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 % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <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 % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <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 % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <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 % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	0.00

26039122040

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

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

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		<input type="checkbox"/> Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
[]		[]	[]

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		<input type="checkbox"/> Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
[]		[]	[]

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		<input type="checkbox"/> Category/ Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
[]		[]	[]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[]		[]		[]

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[]	[]	[]

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	0.00

26039122042

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text" value="0.00"/>
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text" value="0.00"/>
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

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

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	000	000
(b) Unitemized	000	000
(c) Total	000	000
2. OTHER RECEIPTS	000	000
3. TOTAL RECEIPTS	000	000
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	000	000
(b) Voter ID	000	000
(c) GOTV	000	000
(d) Generic Campaign	000	000
(e) Total	000	000
5. OTHER DISBURSEMENTS	000	000
6. TOTAL DISBURSEMENTS	000	000
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	000	000
(for Column B, use cash as of January 1st)		
8. RECEIPTS	000	000
(from Line 3)		
9. SUBTOTAL	000	000
(Add Lines 7 and 8)		
10. DISBURSEMENTS	000	000
(From Line 6)		
11. ENDING CASH ON HAND	000	000
(Subtract Line 10 From Line 9)		

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
 (check only one)

1a

2

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NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt [] / [] / []</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period []</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date []</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt [] / [] / []</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period []</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date []</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt [] / [] / []</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period []</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date []</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt [] / [] / []</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period []</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date []</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	

<p>SUBTOTAL of Receipts This Page (optional).....▶</p>	<p>[] 000</p>
<p>TOTAL This Period (last page this line number only).....▶</p>	<p>[] 000</p>

26039122045

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 2
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input type="checkbox"/> 4d	

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

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

SUBTOTAL of Disbursements This Page (optional).....▶	0 0 0
TOTAL This Period (last page this line number only).....▶	0 0 0

26039122046

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/10/06
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<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

fel
 PREPARER
 (3/2005)

7/14/06
 DATE PREPARED

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