

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Robinson + Cole Federal PAC

Report Covering the Period:

From:

01 01 2007

To:

06 30 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2007</i>		<i>301921</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>301921</i>	
(c) Total Receipts (from Line 19)	<i>175700</i>	<i>175700</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>477621</i>	<i>477621</i>
7. Total Disbursements (from Line 31).....	<i>175000</i>	<i>175000</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>302621</i>	<i>302621</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>000</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>000</i>	

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

27039480099

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Robinson + Cole Federal PAC

Report Covering the Period: From:

MM ' DD ' YYYY
01 ' 01 ' 2007

To:

MM ' DD ' YYYY
06 ' 30 ' 2007

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).....

--

--

(ii) Unitemized.....

1,757.00

1,757.00

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

1,757.00

1,757.00

(b) Political Party Committees.....

--

--

(c) Other Political Committees (such as PACs).....

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--

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,757.00

1,757.00

12. Transfers From Affiliated/Other Party Committees.....

--

--

13. All Loans Received.....

--

--

14. Loan Repayments Received.....

--

--

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

--

--

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

--

--

17. Other Federal Receipts (Dividends, Interest, etc.).....

--

--

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

--

--

(b) Levin Funds (from Schedule H5).....

--

--

(c) Total Transfers (add 18(a) and 18(b))..

--

--

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,757.00

1,757.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,757.00

1,757.00

27039480100

DETAILED SUMMARY PAGE
of Disbursements

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,750.00	1,750.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,750.00	1,750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,750.00	1,750.00

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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)	1,757.00	1,750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,757.00	1,750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

27039480102

**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 **6** OF **21**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 PAC

Full Name (Last, First, Middle Initial)

A.

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

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXX

Full Name (Last, First, Middle Initial)

B.

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

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXX

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXX

SUBTOTAL of Receipts This Page (optional).....▶

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

XXXXXXXXXX

XXXXXXXXXX

27039480103

**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	<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	<input type="checkbox"/> 29	<input type="checkbox"/> 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 PAC

Full Name (Last, First, Middle Initial)

A. *Courtney for Congress*

Date of Disbursement

03 / 16 / 2007

Mailing Address

PO Box 1372

City

Vernon

State

CT

Zip Code

06066

Purpose of Disbursement

Campaign contribution

011

Candidate Name

Joseph Courtney

Category/Type

Amount of Each Disbursement this Period

75000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *CT*

District: *2nd*

Full Name (Last, First, Middle Initial)

B. *Chris Dodd for President*

Date of Disbursement

05 / 30 / 2007

Mailing Address

PO Box 270701

City

West Hartford

State

CT

Zip Code

06127

Purpose of Disbursement

Campaign contribution

011

Candidate Name

Christopher Dodd

Category/Type

Amount of Each Disbursement this Period

100000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

175000

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

175000

27059480104

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" value="0.00"/>

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

27039480105

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

Federal Election Commission, Washington, D.C. 20463

9 of 21

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Robinson + Cole Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER C 0 0 3 4 1 3 2 1
--	--

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

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). Location of account: _____

Date account established: _____ 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	DATE
Title	_____

27039480106

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) ▶

27039480107

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

PAGE 11 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Robinson + Cole Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER C00341321
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	▶ <input style="width:95%;" type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <input style="width:95%;" type="text"/>
(c) TOTAL Independent Expenditures	▶ <input style="width:95%;" type="text"/>

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

27039480108

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 12 OF 21
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Robinson + Cole Federal Political Action Committee</i>		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/>
Mailing Address				Date		Category/ Type
City		State		Zip Code		
Name of Federal Candidate Supported		Office Sought:		State: _____		Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		District: _____		
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>				<input type="checkbox"/> Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/>
Mailing Address				Date		Category/ Type
City		State		Zip Code		
Name of Federal Candidate Supported		Office Sought:		State: _____		Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		District: _____		
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>				<input type="checkbox"/> Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/>
Mailing Address				Date		Category/ Type
City		State		Zip Code		
Name of Federal Candidate Supported		Office Sought:		State: _____		Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		District: _____		
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>				<input type="checkbox"/> Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/> 000

27039480109

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

or

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

27039480110

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.

27039480111

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: 50px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 50px; 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: 50px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 50px; 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: 50px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 50px; 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: 50px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 50px; 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: 50px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 50px; 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: 50px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 50px; 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
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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)	<input type="text"/>
TOTAL This Period (Generic Voter Drive)	<input type="text"/>
TOTAL This Period (Exempt Activities)	<input type="text"/>
TOTAL This Period (Direct Fundraising)	<input type="text"/>
TOTAL This Period (Direct Candidate Support)	<input type="text"/>
TOTAL This Period (Public Communications Referring Only to Party)	<input type="text"/>
TOTAL This Period (Total Amount Transferred)	<input type="text" value="0.00"/>

27039480112

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)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

[Empty box for Year-To-Date]

Date [] / [] / []

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, NonFederal Share, Total Amount]

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

[Empty box for Year-To-Date]

Date [] / [] / []

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, NonFederal Share, Total Amount]

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

[Empty box for Year-To-Date]

Date [] / [] / []

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, NonFederal Share, Total Amount]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

[Empty boxes for Subtotal 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

[Empty boxes for Total Federal Share, NonFederal Share, Total Amount] 0.00

27039480113

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	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **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).....

27039480114

**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

+ =

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT

0.00

TOTAL This Period for the Levin Share

27039480115

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	<i>Robinson + Cole Federal Political Action Committee</i>
NAME OF ACCOUNT	

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

27039480116

**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

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) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶ 000

27039480117

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: PAGE 2 OF 2

(check only one) 4a 4c 5
 4b 4d

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

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

SUBTOTAL of Disbursements This Page (optional).....▶

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

Amount field

Amount field with handwritten *0.00*

27039480118

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Exp* Shipping Date
7/17/07
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jmp *7/18/07*
 PREPARER DATE PREPARED

27039400119