

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
OCT -2 AM 9:03
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

ROBINSON & COLE FEDERAL POLITICAL ACTION
COMMITTEE

ADDRESS (number and street) 280 TRUMBULL ST
C/O S. FRANK D'ERCOLE
 Check if different than previously reported. (ACC) HARTFORD CT 06103

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00341321

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

Election on 10/01/2008 in the State of CT


- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on 10/01/2008 in the State of CT

5. Covering Period 07 01 2008 through 09 30 2008

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 10 01 2008

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

Office Use Only							
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FEC FORM 3X
Rev. 12/2004

28039843113

**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:

07 01 2008

To:

09 30 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		418321
(b) Cash on Hand at Beginning of Reporting Period.....	343321	
(c) Total Receipts (from Line 19).....	345400	345400
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	688721	763721
7. Total Disbursements (from Line 31).....	25000	100000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	663721	663721
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	



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

28039843114

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: 01/01/2008

To: 03/31/2008

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.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,454.00	3,454.00
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)).....▶	3,454.00	3,454.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,454.00	3,454.00

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**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

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	250.00	1,000.00
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)) ..	250.00	1,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25.00	1,000.00

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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)	000	000
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	000	000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	000

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**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 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 + Cole Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mailing Address: **See Attached**

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: M M / D D / Y Y Y Y Y Y

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: M M / D D / Y Y Y Y Y Y

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: M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period: _____

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

TOTAL This Period (last page this line number only).....▶ **3454.00**

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**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 9

<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)

Date of Disbursement

A. *Jim Himes for Congress*

07 / 21 / 2008

Mailing Address

Box 456, 65 High Ridge Rd

City

Stamford

State

CT

Zip Code

06905

Purpose of Disbursement

Campaign contribution

011
Category/
Type

Amount of Each Disbursement this Period

25000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *CT*

District: *4th*

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Mailing Address

MM / DD / YYYY

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:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Mailing Address

MM / DD / YYYY

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).....▶

25000

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

25000

28039843119

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **8** OF **21**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Robinson + Cole Federal Political Action Committee

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

Election:

- 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
<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"/>	<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).....▶

TOTALS This Period (last page in this line only).....▶

000

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

28039843120

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 ___ of Schedule C

9 of 21

NAME OF COMMITTEE (In Full) <i>Robinson + Cole Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER <i>C 00341321</i>
--	--

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). 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 _____	

28039843121

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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional)..... ▶	000
2) TOTALS This Period (last page this line number only)..... ▶	000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	000

28039843122

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

NAME OF COMMITTEE (In Full) <i>Robinson + Cole Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER C100341321
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date M M / D D / Y Y Y Y _____ / _____ / _____ Amount _____
Purpose of Expenditure _____	Category/Type _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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 _____ Mailing Address _____ City State Zip Code _____	Date M M / D D / Y Y Y Y _____ / _____ / _____ Amount _____
Purpose of Expenditure _____	Category/Type _____
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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 M M / D D / Y Y Y Y
_____ / _____ / _____

28039843123

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) <u>Robinson + Cole Federal Political Action Committee</u>	<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 If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

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

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

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

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

28039843124

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

28039843125

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.

28039843126

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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> %

**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
	MM, DD, YYYY	

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

28039845127

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

Date

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

Date

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

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

0.00

28039843128

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)

PAGE 17 OF 21
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Robinson + Cole #8 Federal Political Action Committee

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

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
	MM / DD / YYYY	

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).....

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**SCHEDULE NO (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:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Type of Allocated Activity or Event:

Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

Purpose of Disbursement

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

TOTAL This Period for the Levin Share

LEVIN SHARE

0.00

28039843130

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Robinson + Cole Federal Political Action Committee</div>
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)		

28039843131

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

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

Date of Receipt

A.

____ / ____ / ____

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

Date of Receipt

B.

____ / ____ / ____

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

Date of Receipt

C.

____ / ____ / ____

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

Date of Receipt

D.

____ / ____ / ____

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

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

_____ *000*

28039843132

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
 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

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

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

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

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

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

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

_____ *0.00*

28039843133

Robinson and Cole Federal Schedule A
Political Action Committee

Itemized Contributions from Individuals

		<u>Date Rec'd</u> <u>7/20/2008</u>	<u>Date Rec'd</u> <u>8/20/2008</u>	<u>Date Rec'd</u> <u>9/20/2008</u>	<u>3Q2008</u> <u>Contributions</u>	<u>2008</u> <u>Aggregate</u> <u>Contributions</u>
Babbitt, Bradford S. 52 Atwater Road Canton, CT 06019	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 20.00	\$ -	\$ 20.00	\$ 40.00	\$ 40.00
Bates, Timothy 65 Front Street Noank, CT 06340	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 50.00	\$ -	\$ 50.00	\$ 100.00	\$ 100.00
Bogan, David 242 Whippoorwill Lane Stratford, CT 06614	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 100.00	\$ -	\$ 100.00	\$ 200.00	\$ 200.00
Cody, Thomas 290 Old Farms Road S. Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 20.00	\$ -	\$ 20.00	\$ 40.00	\$ 40.00
Coulom, Jr. Frank 119 Lawlor Road Tolland, CT 06084	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 60.00	\$ -	\$ 60.00	\$ 120.00	\$ 120.00
Daniels, Eric D. 112 Quail Run Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 60.00	\$ -	\$ 60.00	\$ 120.00	\$ 120.00
D'Ercole, S. Frank 7 Governors Row The Whiting Estates West Hartford, CT 06117	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 60.00	\$ -	\$ 60.00	\$ 120.00	\$ 120.00
Foster, Christopher 220 Oxbow Road Wayland, MA 01778	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 30.00	\$ -	\$ 30.00	\$ 60.00	\$ 60.00
Elbaum, Steven 51 Tudor Lane Trumbull, CT 06611	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 35.00	\$ -	\$ 35.00	\$ 70.00	\$ 70.00
Elkow, Pamela K. 253 West Mountain Road Ridgefield, CT 06877	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 100.00	\$ -	\$ 100.00	\$ 200.00	\$ 200.00

28039843134

Robinson and Cole Federal Schedule A
Political Action Committee

Itemized Contributions from Individuals

Hadden, J.C. David 10 Talcott Mountain Road Simsbury, CT 06070	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 50.00	\$ -	\$ 50.00	\$ 100.00	\$ 100.00
Heffernan, Lawrence P. 36 Aletha Road Needham, MA 02192	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 40.00	\$ -	\$ 40.00	\$ 80.00	\$ 80.00
Hill, Edward S. 251 Greenwood Drive Cheshire, CT 06410	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 50.00	\$ -	\$ 50.00	\$ -	\$ -
Hirsch, Jeffrey L. 49 Olde Field Road Newton, MA 02459-2757	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 30.00	\$ -	\$ 30.00	\$ 60.00	\$ 60.00
Kehoe, E. Christopher 80 Elm Street Hingham, MA 02043	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 50.00	\$ -	\$ 50.00	\$ 100.00	\$ 100.00
Kennedy, Jack S. 14 Bainbridge Road West Hartford, CT 06119	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ (100.00)	\$ -	\$ -	\$ (100.00)	\$ (100.00)
Luckingbeal, Eric 168 Day Street Granby, CT 06035	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 75.00	\$ -	\$ 75.00	\$ 150.00	\$ 150.00
Lynch, Jr., John B. 15 Clove Hill Wethersfield, CT 06109	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 40.00	\$ -	\$ 40.00	\$ 80.00	\$ 80.00
McDowell, Linda J. 35 Old Farms Road Andover, CT 06232	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 25.00	\$ -	\$ 25.00	\$ 50.00	\$ 50.00
Melvin, Robert S. 23 Watson Drive West Simsbury, CT 06092	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 50.00	\$ -	\$ 50.00	\$ 100.00	\$ 100.00
Merriam, Dwight H. 8 Latimer Lane Weatogue, CT 06089	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ -	\$ -	\$ -	\$ -	\$ -

Robinson and Cole Federal Schedule A
Political Action Committee

Itemized Contributions from Individuals

Panico, David 95 Stony Corners Circle Avon, CT 06001	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 50.00	\$ -	\$ 50.00	\$ 100.00	\$ 100.00
Phillips, Jr., Earl W. 4 Shipyard Road P.O. Box 265 Middle Haddam, CT 06456	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 12.00	\$ -	\$ 12.00	\$ 24.00	\$ 24.00
Raabe, Craig A. 446 Bell Street Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 100.00	\$ -	\$ 100.00	\$ 200.00	\$ 200.00
Ray, James P. 20 Rainbow Trail South Windsor, CT 06074	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 15.00	\$ -	\$ 15.00	\$ 30.00	\$ 30.00
Reuben, Catherine E. 22 Potter Street Somerville, MA 02143	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 40.00	\$ -	\$ 40.00	\$ 80.00	\$ 80.00
Santoro, Glenn 26 Wyndham Lane Farmington, CT 06032	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 25.00	\$ -	\$ 25.00	\$ 50.00	\$ 50.00
Sellay, William T. 11 Stratford Road West Hartford, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 50.00	\$ -	\$ 50.00	\$ 100.00	\$ 100.00
Smith, Brian R. 212 Sunset Drive Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 60.00	\$ -	\$ 60.00	\$ 120.00	\$ 120.00
Smith, Jr., Robert H. 39 Scarborough Street Hartford, CT 06105	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 60.00	\$ -	\$ 60.00	\$ 120.00	\$ 120.00
Tomeo, Richard W. 715 Goodale Hill Road Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 60.00	\$ -	\$ 60.00	\$ 120.00	\$ 120.00
Tucci, Theodore J. 84 Westerly Terrace Hartford, CT 06105	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 100.00	\$ -	\$ 100.00	\$ 200.00	\$ 200.00

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Robinson and Cole Federal Schedule A
Political Action Committee

Itemized Contributions from Individuals

Vitarelli, Richard F. 61 Ladyslipper Lane Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 10.00	\$ -	\$ 10.00	\$ 20.00	\$ 20.00
Wilson, David B. 13 Lincoln Drive Acton, MA 01720-2212	Occupation: Attorney Employer: Robinson & Cole LLP Payroll Deduction	\$ 500.00	\$ -	\$ -	\$ 500.00	\$ 500.00
TOTAL		\$ 1,927.00	\$ -	\$ 1,527.00	\$ 3,454.00	\$ 3,454.00

28039843137

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

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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 Ex* Shipping Date
10/1/08
 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


 PREPARER
 (3/2005)

10/2/08
 DATE PREPARED

28039843138