

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 JUL -2 AM 9:09 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 HARTFORD CT 06103

2. FEC IDENTIFICATION NUMBER 000341321 CITY STATE ZIP CODE

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2008 through 06 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 [Signature] Date 07 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 FEC FORM 3X Rev. 12/2004

28039760188

**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: **04** **01** **2008** To: **06** **30** **2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2008</b>		<b>418321</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>418321</b>	
(c) Total Receipts (from Line 19) .....	<b>000</b>	<b>000</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<b>418321</b>	<b>418321</b>
7. Total Disbursements (from Line 31) .....	<b>750.00</b>	<b>750.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<b>343321</b>	<b>343321</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>000</b>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>000</b>	

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

28039760189

**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)..... ▶

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))..... ▶

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



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**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

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**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.....	750.00	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)) ..	750.00	750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	750.00	750.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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	<input type="checkbox"/> 17
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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

Amount

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

Amount

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

Amount

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

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

0.00

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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 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. *Capuano for Congress*

Mailing Address

*PO Box 440305*

City

*Somerville*

State

*MA*

Zip Code

*02144*

Purpose of Disbursement

*Campaign Contribution*

Candidate Name

*Michael E. Capuano*

*011*  
Category/  
Type

Date of Disbursement

*04* / *28* / *2008*

Amount of Each Disbursement this Period

*250.00*

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: *MA*

District: *8th*

Full Name (Last, First, Middle Initial)

B. *Larson for Congress*

Mailing Address

*PO Box 261172*

City

*Hartford*

State

*CT*

Zip Code

*06126*

Purpose of Disbursement

*Campaign contribution*

Candidate Name

*John Larson*

*011*  
Category/  
Type

Date of Disbursement

*05* / *09* / *2008*

Amount of Each Disbursement this Period

*250.00*

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: *CT*

District: *1st*

Full Name (Last, First, Middle Initial)

C. *Courtney for Congress*

Mailing Address

*PO Box 1372*

City

*Vernon*

State

*CT*

Zip Code

*06066*

Purpose of Disbursement

*Campaign Contribution*

Candidate Name

*Joe Courtney*

*011*  
Category/  
Type

Date of Disbursement

*06* / *04* / *2008*

Amount of Each Disbursement this Period

*250.00*

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: *CT*

District: *2nd*

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

*750.00*

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

*750.00*

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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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
			% (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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	
TOTALS This Period (last page in this line only).....▶	<b>0.00</b>

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

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

Federal Election Commission, Washington, D.C. 20463

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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 00341321
--	---

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	DATE _____
Title	_____

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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 21
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input type="checkbox"/> 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)..... ▶	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

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

NAME OF COMMITTEE (In Full) <u>Robinson + Cole Federal Political Action Committee</u>	FEC IDENTIFICATION NUMBER <u>C00341321</u>
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 Y Y _____ Amount _____
Purpose of Expenditure _____ Category/Type _____	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
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____	_____

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date M M / D D / Y Y Y Y Y Y _____ Amount _____
Purpose of Expenditure _____ Category/Type _____	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
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____	_____

(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.

Date M M / D D / Y Y Y Y Y Y  
 \_\_\_\_\_  
 Signature

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**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		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State:	District:
Aggregate General Election Expenditure for this Candidate ▶			<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

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

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

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<u>000</u>

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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

28039760200

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.

28039760201

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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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
	038 / 040 /	

**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

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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:

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Year-to-date field

Date

Date field

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Summary row for line A

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

Allocated Activity or Event:

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Year-to-date field

Date

Date field

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Summary row for line B

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

Allocated Activity or Event:

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Year-to-date field

Date

Date field

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Summary row for line C

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Summary row for subtotal

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

Summary row for total, with 000 in the total amount field

28039760203



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 for 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

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

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

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

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

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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: <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	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
Purpose of Disbursement		Category/Type	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
TOTAL This Period for the Levin Share			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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

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 \_\_\_\_\_

Name of Employer or Principal Place of Business \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Receipt

\_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Each Receipt this Period

\_\_\_\_\_

Aggregate Year-to-Date

\_\_\_\_\_

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

**B.**

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

\_\_\_\_\_

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

**C.**

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

\_\_\_\_\_

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

**D.**

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).....▶

\_\_\_\_\_

\_\_\_\_\_ *00.0*

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**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*

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p><b>D.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p><b>E.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....▶</p>	<p>Amount of Each Disbursement this Period</p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	<p>Amount of Each Disbursement this Period <i>0.00</i></p>

28039760208

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  
*7/1/08*  
 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

*Jm B*  
 PREPARER

*7/2/08*  
 DATE PREPARED

28039760209