

Robinson+Cole

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2017 JUL 17 AM 10:23

GLENN A. SANTORO

280 Trumbull Street
Hartford, CT 06103-3597
Main (860) 275-8200
Fax (860) 275-8299
gsantoro@rc.com
Direct (860) 275-8322

Via FedEx

July 14, 2017

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

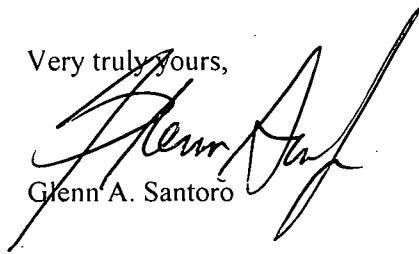
Re: **FEC Form 3X for the Reporting Period Ended: June 30, 2017**

Ladies and Gentlemen:

Enclosed please find the FEC Form 3X for the above referenced reporting period.

If you have any questions, please call me at (860) 275-8322.

Very truly yours,


Glenn A. Santoro

Enclosure

Cc: David M. Panico

**FEC
FORM 3X**

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

RECEIVED
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2017 JUL 17 AM 10:24

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 Street

Check if different than previously reported. (ACC) Hartford CT 06103 - 3579

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00341321 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	Jan 31 (YE)
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)		
<input checked="" type="checkbox"/> 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)					
	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
		Convention (12C)	Special (12S)		
	Election on	M M / D D / Y Y Y Y			in the State of
	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
	Election on	M M / D D / Y Y Y Y			in the State of

5. Covering Period 04 01 2017 through 06 30 2017

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 Glenn A. Santoro

Signature of Treasurer *Glenn A. Santoro* Date 07 14 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NON-CONFIDENTIAL

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Robinson & Cole Federal Political Action Committee

Report Covering the Period: From: 04 01 2017 To: 06 30 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		6,435.61
(b) Cash on Hand at Beginning of Reporting Period.....	7,305.11	
(c) Total Receipts (from Line 19).....	0.00	1,369.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7,305.11	7,805.11
7. Total Disbursements (from Line 31).....	3,850.00	4,350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,455.11	3,455.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Robinson & Cole Federal Political Action Committee

Report Covering the Period: From: 04^M 01^D 2017^Y To: 06^M 30^D 2017^Y

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1,369.50
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(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)	0.00	1,369.50
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)).....▶	0.00	1,369.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	1,369.50

NON-FEDERAL INFORMATION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(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	3,850.00	4,350.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (52 U.S.C. § 30101(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)) ..	3,850.00	4,350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3,850.00	4,350.00

NON-FEDERAL CONTRIBUTION

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)	3,850.00	4,350.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,850.00	4,350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

2017-07-17 09:10:10

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NON-FEDERAL POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period Memo Item
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period Memo Item
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Political Action Committee

Full Name (Last, First, Middle Initial)

<p>A. DSCC Federal</p>			<p>Date of Disbursement 05 / 22 / 2017</p>		
<p>Mailing Address 30 ARBOR STREET, SUITE 404</p>					
<p>City HARTFORD</p>		<p>State CT</p>	<p>Zip Code 06106</p>		
<p>Purpose of Disbursement Contribution</p>					
<p>Candidate Name</p>			<p>Amount of Each Disbursement this Period 3,850.00</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>	
<p>State: District:</p>				<p>Memo Item</p>	
<p>B.</p>			<p>Date of Disbursement</p>		
<p>Mailing Address</p>					
<p>City</p>		<p>State</p>	<p>Zip Code</p>		
<p>Purpose of Disbursement</p>					
<p>Candidate Name</p>			<p>Amount of Each Disbursement this Period</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Category/ Type</p>	
<p>State: District:</p>				<p>Memo Item</p>	
<p>C.</p>			<p>Date of Disbursement</p>		
<p>Mailing Address</p>					
<p>City</p>		<p>State</p>	<p>Zip Code</p>		
<p>Purpose of Disbursement</p>					
<p>Candidate Name</p>			<p>Amount of Each Disbursement this Period</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>	
<p>State: District:</p>				<p>Memo Item</p>	

SUBTOTAL of Disbursements This Page (optional).....▶	3,850.00
TOTAL This Period (last page this line number only).....▶	3,850.00

NON-CONFIDENTIAL

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)	<input type="checkbox"/> Memo Item	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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YY YY	MM / DD / YY YY	% (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).....▶	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.	

2014-01-17 10:00:00

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

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Robinson & Cole Federal Political Action Committee		FEC IDENTIFICATION NUMBER C 00341321
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: _____
 Amount of this Draw: _____

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

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 M M / D D / Y Y Y Y
Title		

2017-01-17 09:10:10

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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)▶	0.00

NON-FUNCTIONAL POSITIONING

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

NAME OF COMMITTEE (In Full) Robinson & Cole Federal Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C 00341321
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee _____ <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address _____	Amount _____
City _____ State _____ Zip Code _____	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure _____	Category/Type _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
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 of Payee _____ <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address _____	Amount _____
City _____ State _____ Zip Code _____	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure _____	Category/Type _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
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

2017-07-17 10:00:00 AM

**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**

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

NAME OF COMMITTEE (In Full) Robinson & Cole Federal Political Action Committee	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

NONUNIONED WORKERS

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

NON-FEDERAL FUNDS

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
 Robinson & Cole Federal Political Action Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

2017-07-17 09:00 AM

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	% %	% %
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 % % %	NONFEDERAL % % %
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 % % %	NONFEDERAL % % %
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 % % %	NONFEDERAL % % %
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 % % %	NONFEDERAL % % %
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 % % %	NONFEDERAL % % %
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 % % %	NONFEDERAL % % %
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 % % %	NONFEDERAL % % %

**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 M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF TRANSFER RECEIVED

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

2014-07-17 10:00:00

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) <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier:	Category/ Type	Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date _____ Date M M / D D / Y Y Y Y
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		

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

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

NON-FEDERAL SHARE

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 M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

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

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

NON-FUNCTIONAL COPY

**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 <input type="checkbox"/> Memo Item		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 M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		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 M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		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 M M / D D / Y Y Y Y
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))			TOTAL AMOUNT
FEDERAL SHARE		LEVIN SHARE	0.00
TOTAL This Period for the Levin Share			

NON-FUNCTIONAL POSITION

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

NAME OF COMMITTEE (In Full) Robinson & Cole Federal Political Action Committee
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(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)		

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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	PAGE 20 OF 21
FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a <input type="checkbox"/> 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 <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
B.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	
D.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	0.00

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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: (check only one)	PAGE 21 OF 21
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)
Robinson & Cole Federal Political Action Committee

A.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
B.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
D.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
E.	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

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

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

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999 E ST NW

WASHINGTON DC 20463

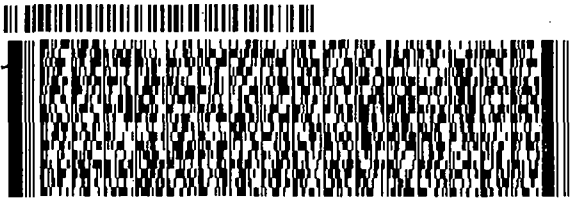
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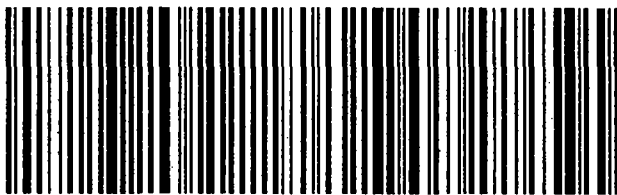
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

2017-07-17-03-00100113

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>7/14/17</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] *7/17/17*
 PREPARER DATE PREPARED