FE FOR		A	ND DIS	OF RE BURSE	MENT	S		RECEIVI	
1. NAME COMM	OF IITTEE (in 1		e or print 🔻		ample. If typer the lines.	oing, type	12FE4M5	∿ ++/+1⊑ 6 €	TIEN
				EDERA	L PO	LITI	CAL A	CTION	,
COMM	<u>11 T.T.</u>	EE					อาราสสมสารสารเวล ที่ (ครุษาคร	• • • • • • • • • • • • • • • • • • •	
ADDRESS	(number and	street)		UMBUL				i	لمنفقط
	heck if diffe		<u>/0 S.</u>	FRAN	<u>K</u> D'	ERCO	LĒ		
	an previous ported. (AC		ARTEC	URD			ICT	06103	-
2. FEC I	DENTIFIC	ATION NUMB	ER 🔻				STATE 🔺	ZIP C	ODE 🔺
С (034	1321	ļ	3. IS THIS REPORT	Х	NEW (N) OR	AN (A	MENDED)	
4. TYPE (Choos	OF REP e One)	ORT	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5	-	20 (M8) -	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Q	uarterly Rep	arts:		Mar 20 (M3)		Jun 20 (M6)		20 (M9)	(Non-Election Year Only)
	April 15 Quarterly	Report (Q1)	· · ·	Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
X	July 15	Report (Q2)	(c) 12-Day PRE-Ele	ction	Primary (1)	2P)	General	(12G)	Runoff (12R)
•	October	15	Report f	or the:	Convention	(12C)	Special	(12S)	
Ň	January 3	Report (Q3) 31 Report (YE)		Election on	м м	/ 0 0 /	* * * *	in the State	-
	July 31 M Report (N Year Only	Non-election	(d) 30-Day POST-E		General (3	0G)	Runoff (30R)	Special (30S)
	Terminatio (TER)	on Report	Report f	or the: Election on	мм	, , , , ,	* * * *	in the State	
5. Coverir	ng Period	Õų	01 é	1013-	through	ŏ	, ' 3° ô '	201	3.
-				NK D'E	_		rue, correct an	d complete.	
Signature o	f Treasurer		AD	21-			Date 💍	ἡ΄ ᠔ૡ઼ ΄	2013.
NOTE: Subr	nission of fa	ilse, erroneous	or incomplete in	nformation may si	ubject the pe	erson signing	this Report to the	he penalties of 2	2 U.S.C. §437g.
1 I	Office Use Dnly							FEC FO Rev. 12	

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Γ	- `FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
V	rite or Type Committee Name		
_	ROBINSON & COLE	FEDERAL PAC	
R	eport Covering the Period: From:	΄ οὐ ἐ ἰ ἔ το:	06'30'2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		6,55211
	(b) Cash on Hand at Beginning of Reporting Period	, 6,552.11	
	(c) Total Receipts (from Line 19)	, 1, 0.00	, , 0.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	, (6,552.11	, , 0.00
7.	Total Disbursements (from Line 31)	, , 0.00	, , 0.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 6,552.11	, 6,552.11
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , ().00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , <u>(</u>).00	

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

For further information contact:

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

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

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Γ	- DET	AILED SUM		Ξ		
-	FEC Form 3X (Rev. 06/2004)	of Recei	pts		γF	age 3
	Irite or Type Committee Name			-		<u> </u>
-	ROBINSON & COLE	EEDER	AL PA(^ 		
R	eport Covering the Period: From: 🔿 🍟		ů í š	то: ОБ	´ \$ Ò ′	ŽÕÌŽ
	I. Receipts		UMN A his Period		COLUMN B Idar Year-to	
11.	Contributions (other than loans) From:					
	(a) Individuals/Persons Other					
	Than Political Committees		· O.O	ð		0.00
	(i) Itemized (use Schedule A)	, .	, 0.0	,	,	0.00
	(ii) Unitemized					
	(iii) TOTAL (add	,	, .	. 1	3	-
	Lines 11(a)(i) and (ii)	, /): -' -	1	,	
		•				
	(b) Political Party Committees	,	, .	,	,	-
	(c) Other Political Committees				,	
	(such as PACs)	3	, .	3	,	•
	(d) Total Contributions (add Lines					
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	!	, D.O	<u>б</u>		000
12	Transfers From Affiliated/Other	3	,	• ,	,	0.0
	Party Committees					
		3	y. •	2	,	•
13.	All Loans Received	3	, .	3		•
		ŗ			• •	
14.	Loan Repayments Received	J	, -		,	
15.	Offsets To Operating Expenditures	,	,	3	,	·
	(Refunds, Rebates, etc.)					
	(Carry Totals to Line 37, page 5)	1	, .	3	3	
16.	Refunds of Contributions Made					
	to Federal Candidates and Other					
17	Political Committees	,	,	,	,	•
17.	Other Federal Receipts (Dividends, Interest, etc.)					
18	Transfers from Non-Federal and Levin Funds	,	, .	,	,	
.0.	(a) Non-Federal Account					
	(irom Schedule H3)					
	Ϋ́Υ, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Υ``, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Ϋ́Υ`, Υ`, Ϋ́Υ`, Υ``, Ϋ́Υ`, Υ`, Ϋ́Υ`, Υ``, Ϋ́Υ`, Υ``, Υ``, Υ`, Υ`, Υ``, Υ`, Υ``, Υ`, ```, Υ``, Υ``, ``,	2	, .	3	,	•
	(b) Levin Funds (from Schedule H5)					
		,	, .	3	,	·
	(c) Total Transfers (add 18(a) and 18(b))					
		,	, -	1	,	·
10	Total Receipts (add Lines 11(d),					
19.	12, 13, 14, 15, 16, 17, and 18(c))▶	i	~ ~ ~ ~)		α
	12, 10, 14, 15, 10, 17, and 10(0))₽	,	, 000	,	,	0.00
20.	Total Federal Receipts					0.00 0 <u>.</u> 00
	(subtract Line 18(c) from Line 19)▶		, 0.00)		000
	· · ·	, .	, ~ ~	,	,	

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DETAILED SUMMARY PAGE

of Disbursements

		FEC Form 3X (Rev. 02/2003)	OF DISC	ursement	5		Page 4	
II. Disbursements		II. Disbursements	COLUMN A Total This Period			COLUMN B		
1.		erating Expenditures: — Allocated Federal/Non-Federal Activity (from Schedule H4)					dar Year-to-Date	
		(i) Federal Share	,	,	• ·	,	, .	
		(ii) Non-Federal Share						
	(b)	Other Federal Operating	,	3	•	,	, -	
		Expenditures	,	,	-	, ,	, .	
	(c)	Total Operating Expenditures				·		
~		(add 21(a)(i), (a)(ii), and (b))►	,	,	•	,	, .	
2.		nsfers to Affiliated/Other Party					:	
3.	Con Fed	nmittees tributions to eral Candidates/Committees	,	3		3	,).00	
		Other Political Committees	3	۰,	.00	3	, 0.00	
٦.		ependent Expenditures 9 Schedule E)						
5.	Ceo (2 U	rdinated Party Expenditures J.S.C. §441a(d)) 9 Schedule F)	3	3		1	,	
	(000		3	,	•	,	, .	
6 .	Loa	n Repayments Made	,	,	•	,	,	
		ns Made unds of Contributions To:	,	,		3	,	
	(a)	Individuals/Persons Other Than Political Committees	,	,		,	, .	
	• •	Political Party Committees	,	,		3	, -	
	(c)	Other Political Committees (such as PACs)						
		(5001 45 1 705)	,	,	•	,	, .	
	(d)	Total Contribution Refunds						
		(add Lines 28(a), (b), and (c))►	,	,		,	9	
9.	Oth	er Disbursements	,	,		,	,	
0.	Fed	eral 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	,	,	-	3	, , , -	
	(c)	Total Federal Election Activity (add					·	
		Lines 30(a)(i), 30(a)(ii) and 30(b))►	,	,	•	· ,	, -	
1,		I Disbursements (add Lines 21(c), 22,					^ -	
	23,	24, 25, 26, 27, 28(d), 29 and 30(c))	2	,	.00	7	, 0.09	
2.	Tota	Federal Disbursements						
	(sub	tract Line 21(a)(ii) and Line 30(a)(ii)					<i>0</i> .00	
		Line 31)			. 06		· ~ ~ ~ ^	

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III. Net Contributions/Operating Ex- periditures	То	COLUMN tal This F			LUMN B r Year-to	
 Total Contributions (other than loans) (from Line 11(d), page 3) 	· ,	, ,	0.00	,	,	0.0Ò
4. Total Contribution Refunds (from Line 28(d))	,	,	00.00	3	3	Ŋ.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	. 1	0.00	3	,	d .50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	3	,	0.00	3	,	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	?	,	0.02	2	,	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	,	,	0.00	,	,	000

SCHEDULE A (FEC Form 3	3X) I		FOR LINE NUMBER: PAGE 6 OF 2					
ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
TEMIZED RECEIPTS		for each category of the Detailed Summary Page						
			13 14 15 16 17					
			erson for the purpose of soliciting contributions					
	ng me name and a		to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	$O \downarrow ($		OLC					
/	rodinson &	Cole Federal	rAC.					
Full Name (Last, First, Middle Initial)								
A			Date of Receipt					
Mailing Address			9 · · · · · · · · · · · ·					
City	State	Zip Code						
ONY CONTRACTOR OF	olulo	240 0000	Amount of Each Receipt this Period					
FEC ID number of contributing		and the second						
federal political committee.	С	a second a later of	- و ا					
Name of Employer								
Name of Employer	Occupation							
Receipt For:		Year-to-Date ▼	-					
Primary General								
Other (specify)		2 40 - 12 See 3 - 1 <u>5</u> 600 - 11 - 1						
Full Name (Last. First, Middle Initial)			Data of Respire					
B Mailing Address			Date of Receipt					
			N C C C					
City	State	Zip Code						
			Amount of Each Receipt this Period					
FEC ID number of contributing	C	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -						
federal political committee.	U	Start was a Const						
Name of Employer	Occupation		-1					
Receipt For:		Year-to-Date ▼						
Primary General Other (specily) ▼	1	า (การสารสารสารสารสารสารสารสารสารสารสารสารสา						
	Encoderations	Eventered transferration for some of						
Full Name (Last, First, Middle Initial)	<u> </u>							
C			Date of Receipt					
Mailing Address			$fs = s = -\frac{1}{2} \left[D + D + T \right] \left[F' + Y + Y \right]^{1/2}$					
City	State	Zip Code	- Charles and the second second					
City	olulo		Amount of Each Receipt this Period					
FEC ID number of contributing		:						
federal political committee.	С	n a transmission a strange to so a	τ. 9					
Name of Employer	Occupation		4					
Mane of Employer	Coopaiion							
Receipt For:		rear-to-Date ▼	4					
Primary General								
Other (specify)	1	n Na sa kasa ka						
······································			<u> </u>					
SUBTOTAL of Receipts This Page (optiona	al)	►						
TOTAL This Period (last page this line nun	nber only)	L	000					
		•	, , °, V					

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FEC Schedule A (Form 3X) Rev. 02/2003

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Mailing Address Mailing Address City State Zip Code Purpose of Disbursement Amour Candidate Name Category/ Type Otflice Sought: House President Disbursement For: Senate President Disbursement For: Senate General Pull Name (Last, First, Middle Initial) Date of Mailing Address Date of Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Mailing Category/ Type Office Sought: House Purpose of Disbursement Amour Candidate Name Category/ Type Category/ Type Office Sought: House President Disbursement For: Primary General Other (specily) ▼ State: Disbursement For: President Full Name (Last, First, Middle Initial)	23 28b 28c 29 30b purpose of soliciting contributions
Detailed Summary Page 27 28 Any information copied from such Reports and Statements may not be sold or used by any person for the using the name and address of any political committee to solicit co NAME OF COMMITTEE (In Full) ROBINSON & COLE FEDERAL PAC Full Name (Last, First, Middle Initial) COLE FEDERAL PAC A. Date of the committee to solicit co Mailing Address City City State Purpose of Disbursement Category/ Type Office Sought: House President Disbursement For: Full Name (Last, First, Middle Initial) Amour Candidate Name Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of mary B. Category/ Type Office Sought: House President Disbursement For: Full Name (Last, First, Middle Initial) Date of mary B. Category/ Type Office Sought: House State: Disbursement Full Name (Last, First, Middle Initial)	28b 28c 29 30b purpose of soliciting contributions ntributions from such committee.
Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit construction. NAME OF COMMITTEE (In Full) ROBINSON & COLE FEDERAL PAC Full Name (Last, First, Middle Initial) Date of the full	purpose of soliciting contributions ntributions from such committee.
or for commercial purposes, other than using the name and address of any political committee to solicit co NAME OF COMMITTEE (In Full) ROBINSON & COLE FEDERAL PAC Full Name (Last, First, Middle Initial) A. Mailing Address City State Purpose of Disbursement Candidate Name President Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address City State President Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement For: President Other (specify) Mailing Address City State City State Zip Code Purpose of Disbursement Category/ Type Other (specify) Mailing Address City State Purpose of Disbursement Category/ Type Office Sought: House P	ntributions from such committee.
ROBINSON & COLE FEDERAL PAC Full Name (Last, First, Middle Initial) A. Mailing Address City State Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ✓ State: Disbursement For: Primary General Other (specify) ✓ State: District: Full Name (Last, First, Middle Initial) Date o B. Date o Mailing Address City City State City State City State City State City State City State Office Sought: I House President Disbursement For: Senate Primary General Other (specify) Office Sought: I House Disbursement For: President Other (specify) ✓ State: District: <	, o o , v v v v at of Each Disbursement this Period
Full Name (Last, First, Middle Initial) Date of the part of the par	, o o , v v v v at of Each Disbursement this Period
A. Date of Mailing Address Gity State City State Purpose of Disbursement Category/ Type Office Sought: House Senate President Disbursement For: Senate President Other (specify) ▼ State: Disfrict: Full Name (Last, First, Middle Initial) B. Date of Mailing Address City State City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Purpose of Disbursement Category/ Type Office Sought: House President Disbursement For: Primary General Other (specify) ▼ State: Disbursement For: Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial)	, o o , v v v v at of Each Disbursement this Period
City State Zip Code Purpose of Disbursement Amoun Candidate Name Category/ Type Otfice Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Date o Mailing Address City State Purpose of Disbursement Category/ Type Office Sought: House Date o Mailing Address City State Category/ Type Office Sought: House Disbursement For: President Disbursement For: President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial)	it of Each Disbursement this Period
City State Zip Code Purpose of Disbursement Amoun Candidate Name Category/ Type Otfice Sought: House President Disbursement For: President Other (specify) State: Disfrict: Full Name (Last, First, Middle Initial) B. Date of the specify Mailing Address Category/ Type City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Amount Candidate Name Category/ Type Amount Office Sought: House Disbursement For: President Disbursement For: President Other (specify) ✓ State: District: Disbursement For: Frimary General Other (specify) ✓ Full Name (Last, First, Middle Initial)	, , ·
Purpose of Disbursement Amount Candidate Name Category/ Type Otflice Sought: House Senale Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Mailing Address City State Category/ Type Mailing Address City State Category/ Type Otfice Sought: House Disbursement Category/ Type Otfice Sought: House Disbursement For: Category/ Type Otfice Sought: House President Disbursement For: Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial)	, , ·
Candidate Name Category/ Type Amound Category/ Type Otfice Sought: House Senate Disbursement For: President Ceneral Other (specify) State: District: District: Date of Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Minimidate Name Candidate Name Disbursement Amound Candidate Name Category/ Type Amound Office Sought: House Disbursement For: Senate Amound Office Sought: House Disbursement For: Senate Amound Office Sought: House Disbursement For: Senate Primary General Other (specify) Amound State: District: President Other (specify) Full Name (Last, First, Middle Initial)	, , ·
Candidate Name Category/ Type Office Sought: House Senate Disbursement For: Prisident President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date on Mailing Address City State Purpose of Disbursement Category/ President Category/ Type Category/ Type Office Sought: House President Disbursement Category/ Type Office Sought: House President Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial)	, , ·
Office Sought: House Disbursement For: Senate President Other (specify) State: District: Date of Mailing Address City State Zip Code Purpose of Disbursement Other (specify) Amount Cardidate Name Disbursement For: President Office Sought: House Disbursement For: President Office Sought: House Disbursement For: President Office Sought: House Disbursement For: President State: Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial)	
Senate President Primary Other (specify) General Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Mailing Address Mailing Address Oate of Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Amount Candidate Name Disbursement For: President Disbursement For: Primary General Other (specify) Amount State: District: Disbursement For: President Primary General Other (specify) Image: Category/ Type Full Name (Last, First, Middle Initial) Ender District: Primary General Other (specify) Image: Category/ Type	
President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Mailing Address Mailing Address Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House President Disbursement For: President State: District: Pinmary General Other (specify) V	
State: District: Full Name (Last, First, Middle Initial) Date of Mailing Address Mailing Address Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Arnoun Candidate Name Disbursement For: Arnoun Office Sought: House President Disbursement For: Arnoun State: District: Primary General Other (specify) Image: Category/ Type Full Name (Last, First, Middle Initial) Endel Initial Image: Category/ Type Image: Category/ Type	
B. Date of M Mailing Address M City State Zip Code Purpose of Disbursement Amount Candidate Name Category/ Type Amount Office Sought: House Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial)	
Mailing Address M M City State Zip Code Purpose of Disbursement Amount Candidate Name Category/ Type Amount Office Sought: House Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial)	f Disbursement
City State Zip Code Purpose of Disbursement Amoun Candidate Name Category/ Type Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial)	
Purpose of Disbursement Amount Candidate Name Category/ Type Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial)	, u u , y y y
Candidate Name Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specily) ▼ State: District:	
Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:	t of Each Disbursement this Period
Senate Primary General President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial)	j j • .
President Other (specify) State: District: Full Name (Last, First, Middle Initial)	
State: District: Full Name (Last, First, Middle Initial)	
C. Date o	<u></u>
	f Disbursement
Mailing Address	
City State Zip Code	
Purpose of Disbursement	
Condidate Name	t of Each Disbursement this Period
Calificate Name Category/ Type	
Office Sought: House Disbursement For	, , -
Senate Primary General	
President Other (specify)	
State: District:	
SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

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SCHEDULE C (FEC Form 3X)

LOAN	٩S
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LOANS	Use separate schedule(s) for each category of the	PAGE 18	OF 24
	Detailed Summary Page	FOR LINE 1	3 OF FORM 3X
NAME OF COMMITTEE (In Full)			
ROBINSON & COLE FEDERA LOAN SOURCE Full Name (Last, First, Middle Initial)	LPAC		
LOAN SOURCE Full Name (Last, First, Middle Initial)		lection: Primary	
		General	
Mailing Address		Other (specily)	•
City State ZIP Cod	te	<u> </u>	
Original Amount of Loan Cumulative Payment To	Date Balance		lose of This Period
		, ,	
TERMS		· · ·	•
Date Incurred Date Due	Interest Rate		Secured:
	•	% (apr)	Yes No
List All Endorsers or Guarantors (if any) to Loan Source	····	·····	<u> </u>
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City Stale ZIP Code	Guaranteed Outstanding:	,	•
2. Full Name (Last, First, Middle Initial)	Name of Employer	<u></u>	·
Mailing Address	Occupation		
	Amount	·····	•
City State ZIP Code	Guaranteed Outstanding:	J .	. •a
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		I
	Amount		
City State ZIP Code	Guaranteed Outstanding:	>	•
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	•		
City State ZIP Code	Amount Guaranteed		
	Outstanding:	3	•
			·····
SUBTOTALS This Period This Page (optional)		, ,	. •
TOTALS This Period (last page in this line only)	►	y y	0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward	to appropriate	line of Summary.

		py 9of21
SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LE Federal Election Commission, Washington, D.C. 20463	ENDING INSTITUTIONS	Supplementary for Information found on Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
ROBINSON & COLE FEDER+	AL PAC	C00341321
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
	3 3	%
Mailing Addross		
Mailing Address	Date Incurred or Established	- M M / D D / Y Y Y Y
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	мм/ D 0 / Y Y Y Y
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	, [`] , -
C. Are other parties secondarily liable for the debt incurr No Yes (Endorsers and guarantors m	red? nust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	if deposit, chattel papers, er similar traditional collateral?	What is the value of this collateral?
E. Are any future contributions or future receipts of inter- collateral for the loan? No. Yes If yes, a	rest income, pledged as 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:	
M M / D / Y Y Y Y	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the 1 was made and the basis on whi	amount pledged does not equal or exceed ich it assures repayment.
G. COMMITTEE TREASURER Typed Name Signature		DATE M_M / 0 D / Y Y Y Y
H. Attach a signed copy of the loan agreement.	······································	
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the te are accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of 	ncluding interest rate) no more fav	
III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basis	
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature Tit	itle	M M / D D / Y Y Y Y

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SCHEDULE D (FEC Form 3X)	(Use separate	PAGE	10 OF 21
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUM	
Excluding Loans	for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
ROBINSON & COLE FEDERAL PA	C		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of 1	Debt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period			
, , .			
Amount Incurred This Period Payment This Perio	od Outstand	ing Balance at <u>Clo</u>	se of This Period
, , - , , ,		, ,	•
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):	
Mailing Address			
City State Zip Code		`	
Outstanding Balance Beginning This Period		<u> </u>	······
, , <u>-</u>			
Amount Incurred This Period Payment This Perio	od Outstand	ing Balance at Clo	se of This Period
· · · · · · · · · · · · · · · · · · ·		, ,	•
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):	
	Nature of t	Deut (Fulpuse).	
Mailing Address		3	
City State Zip Code			
Outstanding Balance Beginning This Period			
, , .			
Amount Incurred This Period Payment This Perio	od Outstand	ing Balance at Clo	se of This Period
, , , , , , , , , , , , , , , , , , ,	•	3 3	•
1) SUBTOTALS This Period This Page (optional)	>	з ,	
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)	age only) >	3 3	0.00

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SCHEDU	ILE	E	(FEC	Form	3X)	
ITEMIZED	IND	EPE	NDENT	EXPE	NDITU	RES

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 1 OF 2.1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER V
ROBINSON & COLE FEDERAL	PAC	C00341321
Check if 24-hour report 48-hour report New report	t Amends report file	MM/DD·/YYYY don
Full Name (Last, First, Middle Initial) of Payee		Date
		M M / D D / Y Y Y Y
Mailing Address		
		Amount
City State 2	Zip Code	. 7
Purpose of Expenditure	egory/	ce Sought: House State:
	Туре	Senate District:
Name of Federal Candidata Supported or Opposed by Expenditure:		President
		eck One: Support Oppose
Calendar Year-To-Date Per Election	Dis	bursement For: Primary General
for Office Sought , ,	•	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
		M M / D D / Y Y Y Y
Mailing Address		Amount
City State 2	Zip Code	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · ·
Purpose of Expenditure Cat	egory/ Offi Type	ce Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:		President District:
· Name of redeni Gandidale Supported of Opposed by Experiordie.	Che	eck One: Support Oppose
Calendar Year-To-Date Per Election	Dis	bursement For: Primary General
for Office Sought , ,	•	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 in with, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
	M	M / D D / Y Y Y Y
Signature	Date	· · · ·
استنجال وسيراق المحاركين المرجليات والمرجع المرجع المراجع المترزاف فمرجلا المحاج والانامين المحاجي والمرجع والم		FEC Schedule E (Form 3X) Rev. 07/2011

13031083205

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)					
ROBINSON & COL	EF	EDERAL	PAC		
Has your committee been designated to make coordinated expenditures by a political party of YES NO		Full Name of Subo	ordinate Committee		
If YES, name the designating committee:		Mailing Address		,,,,,,, _	
		City		State ZIP	Code
Full Name (Last, First, Middle Initial) of E	ach Payee			Purpose of Expenditure	
Mailing Address				-	Category/ Type
				Date	- L
City	State	Zip Code		мм/ор/у	* * *
Name of Federal Candidate Supported	Office Sough	It: House Senate	State: District:	Amount	
		Presidential	[, , ,	
Aggregate General Election Expenditure for this Candidate ►	,	, · · ·			
Full Name (Last. First, Middle Initial) of Ea	ach Payee		·	Purpose of Expenditure	· ·
					Category/
Mailing Address				Date	Туре
City	State	Zip Code	· · · · · · · · · ·		¥ ¥ ¥
Name of Federal Candidate Supported	Office Sough	It: House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ►	3	,	,	· · · · ·	•
Full Name (Last, First, Middle Initial) of Ea	ach Payee			Purpose of Expenditure	1
Mailing Address					Category/ Type
				Date	
City	State	Zip Code		M M / D D / Y	v v v
Name of Federal Candidate Supported	Office Sough	t: House Senate Presidential	State: District:	Amount	·
Aggregate General Election Expenditure for this Candidate ►	3	3		3 3	•
SUBTOTAL of Expenditures This Page (optio	onal)			3 3	•
TOTAL This Period (last page this line numb	er only)			3 2	0.00

FEC Schedule F (Form 3X) Rev. 02/2009

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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 PAC
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
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
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
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 Minimum Percentage Minimum Percentage If the committee is spending more than 50% federal funds, indicate ratio below Federal Minimum Percentage Minimum Percentage Federal

Pg 13 of 21

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

LLOCATION RATIOS		PAGE OF (
AME OF COMMITTEE (IN FULL) ROBINSON & COLE FEDERAL I	DAC	<u>_</u>
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA CTIVITIES APPEARING ON THIS REPORT.	re support	
ethods of allocation:		
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	portion of
 Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefit tivity. For PACs Gnly: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a re are allocated using a time/space method. 	t derived by federal candid unications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	- %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	. %
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	. %	- %
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	- %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	. %
New Revised Same as Previously Reported		

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

PAGE 15 OF 21

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)			
ROBINSON & COLE FEDERAL PAC			
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AM	OUNT TRAN	SFERRED
M M / D / Y Y Y	,	3	
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	3	-1	•.
vi) Public Communications Referring Only to Party (Made by PAC)	,	. 7	•
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	D		
TOTAL This Period (Administrative),			
TOTAL This Period (Generic Voler Drive)	, .		
TOTAL This Period (Exempt Activities)	_		
,	3		
TOTAL This Period (Direct Fundraising)	3		
TOTAL This Period (Direct Candidate Support)	, ,	•	
TOTAL This Period (Public Communications Referring Only to Party)	7	,	
			0.00
TOTAL This Period (Total Amount Transferred)	,	1	0.00

FEC Schedule H3 (Form 3X) Rev. 12/2004

SCHEDULE H4 (FEC Form 3X)

NAME OF COMMITTEE (In Full)

Mailing Address

ROBINSON

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

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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2	Schedule	ΗΛ	(Form	381	Rou	12/2004	

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Voter Drive City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT + 3 , , , Allocated Activity or Event: Full Name (Last, First, Middle Initial) В. Administrative Fundraising Mailing Address Direct Candidate Support Voter Drive City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT + Ξ · • 1 , , , Allocated Activity or Event: Full Name (Last, First, Middle Initial) C. Administrative Fundraising Mailing Address Voter Drive **Direct Candidate Support** City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT • , , 1 3 , , SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT + Ξ , , , , , TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) NONFEDERAL SHARE TOTAL AMOUNT FEDERAL SHARE

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COLE FEDERAL PAC

FEC Schedule H4 (Form 3X) Rev. 12/2004

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Direct Candidate Support

Administrative Fundraising

: Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Exempt

Exempt

Exempt

Allocated Activity or Event:

PAGE		0	F o			
	16		de	. 1	_	
FOR	LINE	21a	OF	FO	RM	3X

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)

To be used by State, District and Local	Party Committees Only)	PAGE 7 OF 2 1 FOR LINE 186 OF FORM 3X
NAME OF COMMITTEE (In Full)		
ROBINSON & COLE	E FEDERAL PA(~ ~
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	м м / р р / у у у у	
		3 3 -
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTRA	ATION
Total Amount Transferred for Voter	Registration,	
		DTER ID
ii) Voter ID Total Amount Transferred for Voter	10	
	3	, .
iii) GOTV		GOTV
Total Amount Transferred for GOTV		, , .
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	ic Campaign Activity	
		, , .
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-	мм / р р / ү ү ү ү	
		, , -
BREAKDOWN OF THIS TRANSFER		
	VOTER REGISTR	ATION
i) Voter Registration Total Amount Transferred for Voter	Registration	
	- , , ,	DTER ID
ii) Voter ID		
Total Amount Transferred for Voter	ID,	, ·
iii) GOTV		GOTV
Total Amount Transferred for GOTV		
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	in Compaign Antivity	
	ic Campaign Activity	3 3 ·
TOTAL S FOR BRE	EAKDOWN OF TRANSFER RECEIVED (La	
TOTAL This Period (Voter Registration)		
TOTAL This Period (Voter Registration)	3 3	
TOTAL This Period (Voter ID)		
	,	, ·
TOTAL This Period (GOTV)		
TOTAL THIS PERIOD (GOTV)	•	, , ·
TOTAL This Period (Generic Campaign Ac	tivity)	
TO THE THIS T CHOU LOCHERC Dampaign AC	······	, , -
TOTAL This Period (Total Amount of Trans	ters Beceived)	
		, , u.uu

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FEC Schedule H5 (Form 3X) Rev. 02/2003

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)	

DISBURSEMENTS OF FEDERAL AND LEVIN FU FOR ALLOCATED FEDERAL ELECTION ACTIVIT	ſΥ	PAGE 18 OF 21
To be used by State, District and Local Party Committee	es Only)	FOR LINE 30a OF FORM 3X
ROBINSON & COLE FEDE	RAL P	AC
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		
Purpose of Disbursement	Category/ Type	мм/рр/үүүү Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
5	, -	1 1 1
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		- · · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement	Category/ Type	мм/рр/үүүү Date
FEDERAL SHARE + LEVIN	SHARE	= TOTAL AMOUNT
	ş -	3 3 . √
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		- , , -
Purpose of Disbursement	Category/ Type	мм/ р р / ү ү ү Date
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)	,	
FEDERAL SHARE		TOTAL AMOUNT
, , LEVIN	SHAHE	, , 0.00

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FEC Schedule H6 (Form 3X) Rev. 02/2003

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

		c	OLUMN A		 COL	UMN B	
			THIS PER	IOD		TO-DATE	
Ι.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)	3 .	,		3	3	•
	(b) Unitemized	9.	3		3	,	•
	(c) Total	,	,	•	,	,	•
)	OTHER RECEIPTS	1	3	•	,	3	•
i.	(Add Lunes 1c and 2)	3	. 9		,	3	
	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	,	3	•	,	,	•
	(b) Voter ID	,	,		,	,	
	(c) GOTV	3	,	•	,	,	
	(d) Generic Campaign	,	,		,	3	
	(e) Total	,	,		,	3	
	OTHER DISBURSEMENTS	3	3		3	9.	•
•	TOTAL DISBURSEMENTS (Add Lines 4e and 5)	3	3		,	J	
•	BEGINNING CASH ON HAND (for Column B. use cash as of January 1st)	,	,	•	, -	. ,	•
•	RECEIPTS (Iram Line 3)	,	1		,	3	•
	SUBTOTAL (Add Lines ? and 8)	3	,		3	,	
	DISBURSEMENTS				,	,	

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SCHEDULE L-A (FEC Form 3X)	Г		PAGE 20 OF 21
ITEMIZED RECEIPTS OF LEVIN FUNDS		Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	ements may not be ame and address of	e sold or used by any person of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
PROBINSON & COLE	E FEDE	ERAL PAC	
Full Name (Last, First, Middle Initial) / Full Organ			Date of Receipt
λ.			мм/ D D / Y Y Y
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Busines	<u>.</u>		3 3 ·
	5		Aggregate Year-Io-Date
Occupation		······································	
		······	, , -
Full Name (Last, First, Middle Initial) / Full Orgar	nization Name		Date of Receipt
•			M M / D D / Y Y Y Y
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Busines	s		, , -
			Aggregate Year-to-Date
Occupation	<u> </u>		, , .
Full Name (Last, First, Middle Initial) / Full Organ	nization Name		Date of Receipt
2.			мм/ос/ччч
Mailing Address	·····		
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Busines			, , ·
Name of Employer of Principal Place of Bosilies.	5	·	Aggregate Year-to-Date
Occupation			
			, , -
Full Name (Last, First, Middle Initial) / Full Organ	nization Name		Date of Receipt
).			M M / D D / Y Y Y
Mailing Address			
		7:= 0=4=	Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business	S ·		, , , ·
×	······································		Aggregate Year-to-Date
Occupation			
			, ,
CURTOTAL of Dessing This Dess (astissed)			
SUBTOTAL of Receipts This Page (optional)		>	, ,

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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 4d
Any information copied from such Reports and Statements may n or for commercial purposes, other than using the name and addre NAME OF COMMITTEE (In Full)	ess of any political committee to.	
ROBINSON & COLE FED		
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		3 3 3
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , .
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Disbursement
Mailing_Address	· · · · · · · · · · · · · · · · · · ·	M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		3. · .3 · · .
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , · ·
Full Name (Last, First, Middle Initial) / Full Organization Name E.		Date of Disbursement
Mailing Address		мм/оо/,үүүү
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , .
SUBTOTAL of Disbursements This Page (optional)		3 3 •
TOTAL This Period (last page this line number only)	• • • • • • • • • • • • • • • • • • •	, , 0.00

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FEC Schedule L-B (Form 3X) Rev. 02/2003

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h		
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 G	Shipping Date 7/9/0	
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	
Date of Re Other (Specify):	ceipt or Postmarked	
Er	7/10/13	
PREPARER	DATE PREPARED	

(3/2005)