FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED TER

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Office Use Only

| 1. | NAME (| OF ITEE (in full) | TYPE OR | PRINT ▼ | | ample: If typer er the lines. | į. | 12FE4M5 | มี เป็นเหตุเลี้ยงการให้เหตุเลี้ย | |
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| C | OMM | ITTEE . | 1 1 1 | <u> </u> | 1. 1. 1. 1 | 1.1.1.1 | <u> </u> | 1 1 1 1 | 11111 | |
| ADE | ORESS (r | number and street) | | | MBUL | | | <u> </u> | | |
| | } thai | eck if different n previously orted. (ACC) | | TFOR | [RANK] LD | D`_E_ | R.C.O.L.E | CT | 06103 | -[] |
| 2. | FEC ID | ENTIFICATION N | UMBER 🔻 | , | CITY ▲ | | | STATE A | ZIP C | ODE 🛦 |
| | Co | O3413 | 21 | | 3. IS THIS REPORT | | NEW (N) OR | AN (A) | MENDED | |
| 4. | TYPE (Choose | OF REPORT One) | | port 🗓 🎿 | Feb 20 (M2 | 2) | May 20 (M5) | Aug | 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| | (a) Qua | arterly Reports: | Du | e On: الم | Mar 20 (M3 | 3) | Jun 20 (M6) | Sep | 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| | | April 15 | | | Apr 20 (M4 |) | Jul 20 (M7) | Oct | 20 (M10) | Jan 31 (YE) |
| | 7j | Quarterly Report (C July 15 | (c) | 12-Day PRE-Electi | 1 | Primary (12 | 2P) | General | (12G) | Runoff (12R) |
| | | Quarterly Report (C October 15 | Q2) | Report for | ***** | Convention | (12C) | Special (| 128) | |
| | | Quarterly Report (C January 31 Year-End Report (Y | | | Election on | | | organization | State | 3 B |
| | | July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) | 30-Day | 1/ ₂ \? | General (30 | , , * | Runoff (3 | şaş | Special (30S) |
| | | Termination Report (TER) | | Report for | the: Election on | | 04 | <u> 200</u> 8 | in the | 3 3 |
| 5. | Covering | Period / | 0 0 | i a | 08 | through | 5 m . ~ 6 | 24 | 2008 | |
| l ce | 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 5. FRANK D'ERCOLE | | | | | | | | | | |
| Sigr | Signature of Treasurer SMM Date 12 30 2008 | | | | | | | | | |
| NOT | E: Submi | ission of false, erron | eous, or in | complete info | rmation may s | subject the pe | erson signing th | is Report to the | ne penalties of 2 | U.S.C. §437g. |
| L | Įυ | fice se nly | | | | | | | FEC FO | • |

N 3997032 00 N

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| FEC Form 3X (Rev. 02/2003) | | Page 2 |
|---|--|---|
| Write or Type Committee Name Robinson + Cole Fe | desal PAC. | |
| | CTCTTYMB B. BMc100.NTMLf.: 1 | 0. 11. 24 6008 |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, January 1, | | 418321 |
| (b) Cash on Hand at Beginning of Reporting Period | The state of the s | |
| (c) Total Receipts (from Line 19) | pas commence per c | 345400 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1 | 763721 |
| 7. Total Disbursements (from Line 31) | , which you can be the experimental processing the entire process of the entire process | ###################################### |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | the case of small and transfer of the section of th | 1000 000 000 000 000 000 000 000 000 00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | gare segura que aque aque a segura que a que | |
| Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | te response and management and an article and an article and an article and an article and article and article | |
| This committee has qualified as a multic | candidate 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 | |

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: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Uniternized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... and the second s (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) ▶

(3)

(J)

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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) | Total Time Fellow | Calcinal Tear-to-Date |
| | (i) Federal Share | | |
| | (ii) Non-Federal Share(b) Other Federal Operating | | |
| | Expenditures | | |
| | (add 21(a)(i), (a)(ii), and (b))▶ | | |
| 22. | Transfers to Affiliated/Other Party | and the second s | |
| 23. | Committees Contributions to Federal Candidates/Committees and Other Political Committees | | 1000.00 |
| 24. | Independent Expenditures | 0.00 | 1,000,00 |
| 25. | (use Schedule E) | | |
| | (use scriedule F) | Continued to the second | |
| 26. | Loan Repayments Made | manufic confluence of confluence form of the selection of confluence from | and the second s |
| 27. 28. | Loans Made | | |
| | Than Political Committees | | |
| | (b) Political Party Committees | The section of the se | |
| | (0001 00 1700) | Land of the section o | landor milani (15 milani landon) |
| | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶ | | |
| 29. | Other Disbursements | And the section of th | |
| | | Landbard Land For reflected bury 12th wile and hand Dandbard | |
| 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 | - Comment of the second | |
| | (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)) | 0,00 | 1,000,00 |
| 32. | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶ | 000 | 1,00000 |

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) | The state of the s | |
| (from Line 11(d), page 3) | 0.00 | 000 |
| 34. Total Contribution Refunds | | |
| (from Line 28(d)) | 000 | 000 |
| 35. Net Contributions (other than loans) | Carlos de la company de la contraction de la con | |
| (subtract Line 34 from Line 33) | $O_{1}O_{2}O_{3}O_{4}O_{5}O_{5}O_{5}O_{5}O_{5}O_{5}O_{5}O_{5$ | |
| 36. Total Federal Operating Expenditures | | |
| (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 000 |
| 37. Offsets to Operating Expenditures | | |
| (from Line 15, page 3) | 0.0.0 | 000 |
| 38. Net Operating Expenditures | | |
| (subtract Line 37 from Line 36) | 000 | 000 |

| SCHEDULE A (FEC FORM 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 OF 61 |
|--|--|------------|--|--|
| TEMIZED RECEIPTS | | | for each category of the Detailed Summary Page | (check only one) 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to | | | | rson for the purpose of soliciting contributions |
| \rangle | NAME OF COMMITTEE (In Full) Robinson + Cole | Fede | nal PAC | |
| A. | Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| | Mailing Address City | State | Zip Code | MIN / D.C. / YIVIY |
| | City | | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C. | againing o may a may no my managain and a magain and a mag | |
| | Name of Employer | Occupation | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ | |
| 3 | Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| ٠. | Mailing Address | | | Land Cond Cond |
| | City State | | Zip Code | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | and the second s | |
| | Name of Employer | Occupation | ···· | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| <i>-</i> . | Mailing Address | | | A CONTROL OF THE CONT |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | (C) | | |
| | Name of Employer | Occupation | | |
| | Receipt For: Primary | | Year-to-Date ▼ | |
| S | UBTOTAL of Receipts This Page (optional) | | • | |
| 7 | TOTAL This Period (last page this line number only) | | | |

| SCHEDULE B (| • | Use separate schedule(s) for each category of the Detailed Summary Page |) FOR LINE (check only 21b 27 | |
|---|--------------------------------|---|---|--|
| or for commercial purpos NAME OF COMMITT | ses, other than using the nam | ne and address of any politi | ical committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| Full Name (Last, First | m + cole to | eaesax roli | TICAL HO | tion Committee |
| Mailing Address | , whole mual | | | Date of Disbursement |
| City | S | State Zip Code | | |
| Purpose of Disbursen | nent | | , a | Amount of Each Disbursement this Period |
| Candidate Name | | | Category/ Type | |
| Office Sought: | | nent For: Primary ☐ General Other (specify) ▼ | | |
| Full Name (Last, Firs | | And the second | | Date of Disbursement |
| Mailing Address | | • | *************************************** | O D V V V |
| City | S | State Zip Code | | |
| Purpose of Disbursement Candidate Name | | | Category/ Type | |
| Office Sought: | | nent For: Primary General Other (specify) ▼ | | The state of the s |
| Full Name (Last, Firs | t, Middle Initial) | | | Date of Dishurgement |
| Mailing Address | **** | | | Date of Disbursement |
| City | <u> </u> | State Zip Code | | |
| Purpose of Disburser | nent | | Amount of Each Disbursement this Period | |
| Candidate Name | Candidate Name Category/ | | | Amount of Lacif Disbursement this Period |
| Office Sought: | | nent For: Primary General Other (specify) ▼ | | Been von Been maakkon ta 1 Albeman Chammer Parker I Through the or externed to Thematical Statement of Statement |
| SUBTOTAL of Disburse | ements This Page (optional) | | ····· | 0.0.0 |
| TOTAL This Period (las | st page this line number only) | | | 000 |

SCHEDULE C (FEC Form 3X) LOANS

| Jse separate schedule(s) | PAGE |
|--------------------------|------|
| or each category of the | |
| Detailed Summary Page | FOR |

| PAGE | 8 OF | みし | |
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| | Detailed Summary Page 1 577 Circle 15 57 1 1 1 1 1 1 57 | | | |
|--|--|--|--|--|
| AME OF COMMITTEE (In Full) | _ | | | |
| Robinson + Cole Federal Political Action Committee [LOAN SOURCE Full Name (Last, First, Middle Initial)] [Election: | | | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: | | | |
| | Primary General | | | |
| Mailing Address | Other (specify) | | | |
| | | | | |
| City State ZIP Co | de | | | |
| Original Amount of Loan Cumulative Payment To | - | | | |
| ************************************** | Buser in a demonstrate in the second | | | |
| hazarte water with real water is at the real water water with a set of the real water at the real water is | Secretaria de la constitución de | | | |
| TERMS | 11 | | | |
| Date Incurred Date Due | Interest Rate Secured: | | | |
| | % (apr) Yes No | | | |
| described described the second second second to the second to the second | Name and American Ame | | | |
| List All Endorsers or Guarantors (if any) to Loan Source | | | | |
| Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| Mailing Address | Occupation | | | |
| | | | | |
| A | Amount grand | | | |
| City State ZIP Code | Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| 2. Toli regine (Last, Tast, Middle (Illia)) | rame of Employer | | | |
| Mailing Address | Occupation | | | |
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| City State ZIP Code | Guaranteed | | | |
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| 3. Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| Mailing Address | Occupation | | | |
| | | | | |
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| City State ZIP Code | Guaranteed | | | |
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| 4. Full Name (Last, First, Middle Initial) | Name of Employer | | | |
| Mailing Address | Compation | | | |
| waning Address | Occupation | | | |
| | Amount in recommendation of the confidence of th | | | |
| City State ZIP Code | Guaranteed Guaranteed | | | |
| , | Outstanding: | | | |
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| SUBTOTALS This Period This Page (optional) | • | | | |
| | Secretary and the secretary production of the secretary production of the secretary and the secretary of the secretary and the secretary a | | | |
| TOTALS This Period (last page in this line only) | | | | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If | f no Schedule D, carry forward to appropriate line of Summary. | | | |
| | The state of the state of contrast of the state of contrast of the state of the sta | | | |

(J)

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

Federal Election Commission, Washington, D.C. 20463

9 of 21

Supplementary for Information found on Page of Schedule C

| NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER | | | | | | |
|---|--|--|--|--|--|--|
| Robinson + Cole Federal Political Action Committee [CO.O.3.4.1.3.2.] | | | | | | |
| LENDING INSTITUTION (LENDER) | Amount of Loan | Interest Rate (APR) | | | | |
| Full Name | general springer and mental springer state from the state of the state | % | | | | |
| Mailing Address | | المحمد معدا العبيدا التبيعا | | | | |
| | Date Incurred or Established | | | | | |
| City State Zip Code | Date Due | William / Variation | | | | |
| A. Has loan been restructured? No Yes | If yes, date originally incurred | HTW / PTG / YTYTY | | | | |
| B. If line of credit, Amount of this Draw: | Total Outstanding Balance: | en aparen, promegen neganis promegen neganis grand promegen neganis grand promegen neganis grand promegen nega | | | | |
| C. Are other parties secondarily liable for the debt incurre | ed? st be reported on Schedule C.) | · | | | | |
| property, goods, negotiable instruments, certificates of | 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: Does the lender have a perfected se | | | | | |
| E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s | est income, pledged as | No Yes 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. A. St | 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 | | DATE | | | | |
| Typed Name Signature | | | | | | |
| H. Attach a signed copy of the loan agreement. | 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 terms of the loan and other information regarding the extension of the loan are accurate as stated above. 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. | | | | | | |
| complied with the requirements set forth at 11 C | 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 | | DATE | | | | |
| l | tle | Man / Bankara - mattern Implementation | | | | |

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

PAGE 10 OF 2 FOR LINE N

| IUMBER: | |
|---------|----|
| one) | 9 |
| | 10 |

| xcluding Loans | numbered line) |
|--|--|
| NAME OF COMMITTEE (In Full) | _ |
| Robinson + Cole Federal Polit | ical 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 | |
| Constituted to an article and a second and a | |
| namedavadina tilimadin subranti kanadana dikandan di | · |
| Amount Incurred This Period Payment Til | |
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| 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 To | his Period Outstanding Balance at Close of This Period |
| Conservation and residence of the second and anticomment of the second and the se | |
| handles the strategic of the strategic o | beared week these described and have been abased these boards and the collection of the condition of the |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| | , , , |
| Ad-Mary Address | |
| Mailing Address | |
| City State Zip | Code |
| | |
| Outstanding Balance Beginning This Period | |
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| Amount Incurred This Period Payment T | |
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| | de sens d'accombinant d'anna de mandre mandre mandre mandre mandre de sens de se |
| 1) SUBTOTALS This Period This Page (optional) | bound manufacture and constitute and |
| 2) TOTALS This Period (last page this line number only) | 000 |
| 2) TOTALS This Period (last page this line number only) | Amendment of the confidence of |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | • 000 |
| | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Pag | e (last page only) ▶ UUU |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| AME OF COMMITTEE (In Full) Check IT | EMIZED INDEPENDENT EXPENDITURES | PAGE // OF A/ FOR LINE 24 OF FORM 3X |
|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee Mailing Address | Robinson + Cole Federal Political Action Con | FEC IDENTIFICATION NUMBER V |
| Mailing Address Amount City State Zip Code Category/ Type | | |
| City State Zip Code Category/ | | |
| Purpose of Expenditure Category/ Type | | Amount |
| Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Date City State Zip Code Category/ Type Dotter Check One: Dotter Category/ Type Dotter Check One: D | City State Zip Code | is wearing more required any amount great any array and are represent to great a signar and any array and any a |
| Calendar Year-To-Date Per Election for Office Sought | Category 2 1 | Senate District: |
| Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought: Tor Office Sought City State Check One: Disbursement For: Primary General Other (specify) Other (specify) 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) | | |
| Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Disbursement For: Primary General Other (specify) Check One: Other (specify) Check One: Other (specify) Check One: Other (specify) | Calefida fear-10-Date Fer Clection | |
| City State Zip Code Purpose of Expenditure Category/ Type Category/ Type Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Check One: Support Oppose | Full Name (Last, First, Middle Initial) of Payee | |
| Purpose of Expenditure Category/ Type | Mailing Address | Amount |
| Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Uniternized 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 | | |
| 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 | Name of Federal Candidate Supported or Opposed by Expenditure: | Senate District: |
| (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Uniternized 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 | Calendar fear-10-Date Fer Election | Disbursement For: Primary General |
| 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 | (a) SUBTOTAL of Itemized Independent Expenditures | or expenses for marginal and part of the part of the second constitution of the second particles of the second |
| 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 | (b) SUBTOTAL of Uniternized Independent Expenditures | worden mentancy and open open open open open open open open |
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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 PAGE D OF D PAGE D OF D OF D PAGE D OF D OF D PAGE D OF D OF D OF D OF D PAGE D OF D | | | |
|---|--|--|--|
| 2 U.S.C. §441a(d)) (To be used only by Political Committees | s in the General Election) FOR LINE 25 OF FORM 3X | | |
| AME OF COMMITTEE (In Full) Robinson + Cole Federal Political Actions your committee been designated to make Full Name of Subordinal | tim Cammittee Check if 24-hour notice | | |
| pordinated expenditures by a political party committee? | | | |
| YES, name the designating committee: Mailing Address | | | |
| City | State ZIP Code | | |
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure Category/ | | |
| Mailing Address | Date Type | | |
| City State Zip Code | Marin , Caro , Industrial | | |
| Name of Federal Candidate Supported Office Sought: House State Distriction Presidential | ate: Amount rict: | | |
| Aggregate General Election Expenditure for this Candidate | Limit Raised Due to Opponent's Spend- | | |
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure Category/ | | |
| Mailing Address | Date Type | | |
| City State Zip Code | The state of the s | | |
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| Aggregate General Election Expenditure for this Candidate | Limit Raised Due to Opponent's Spend- | | |
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure Category/ | | |
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| SUBTOTAL of Expenditures This Page (optional) | Property Control of the Control of t | | |
| TOTAL This Period (last page this line number only) | 0.00 | | |

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 | | | | |
| 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 | | | | |

| CHEDULE H2 (FEC Form 3X) | | | | | |
|---|---|--|--|--|--|
| ALLOCATION RATIOS | | PAGE 14 OF 21 | | | |
| NAME OF COMMITTEE (In Full) | | | | | |
| Robinson + Cole Federal Political Action Co | mmittee | | | | |
| RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT. | | | | | |
| Methods of allocation: | | | | | |
| FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. | od" where the lederal prop | portion of | | | |
| II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public communication and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method. | derived by federal candidunications or voter drives | dates from the ac- that refer to both | | | |
| ACTIVITY OR EVENT IDENTIFIER | CEDERAL O | NONEEDED AL O | | | |
| ACTIVITY IS: | FEDERAL % | NONFEDERAL % | | | |
| Fundraising Direct Candidate Support | handra docutile dans | % | | | |
| CHECK IF THE RATIO IS: New | | | | | |
| ACTIVITY OR EVENT IDENTIFIER | | | | | |
| ACTIVITY IS: | FEDERAL % | NONFEDERAL % | | | |
| Fundraising Direct Candidate Support | % | % | | | |
| CHECK IF THE RATIO IS: New Revised Same as Previously Reported | | | | | |
| ACTIVITY OR EVENT IDENTIFIER | 555501.0 | | | | |
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| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % | | | |
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| CHECK IF THE RATIO IS: New Revised Same as Previously Reported | | | | | |
| ACTIVITY OR EVENT IDENTIFIER | | | | | |

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FEDERAL %

ACTIVITY IS:

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Revised

Direct Candidate Support

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

| PAGE | 15 OF | 21 | |
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| FOR L | INE 18a (| OF FORM | ЗХ |

| NAME OF COMMITTEE (In Full) | | | | |
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| Robinson + Cole Federal Political Action Committee | | | | |
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| iii) Exempt Activities | and the state of t | | | |
| iv) Direct Fundraising (List Activity or Event Identifier) | | | | |
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| c) Total Amount Transferred For Direct Fundraising | heaved and the end are arbeared beauth over the end the well-read about | | | |
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE | 16 | OF | 21 | |
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| FOR L | INE 2 | 1a Of | FORM | 3X |

| N/ | ME OF COMMITTEE (In Full) | | | | |
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| | Robinson + Cole Federal Political Action Co | immilter | e <u>.</u> | | |
| A. | Full Name (Last, First, Middle Initial) | 71.0 | Allocated Activity or Event: | | |
| | | | Administrative Fundraising Exempt | | |
| | Mailing Address | , | Voter Drive Direct Candidate Support | | |
| | City State Zip Code | | Public Comm (ref to party only) by PAC | | |
| | Purpose of Disbursement: | | Allocated Activity or Event Year-To-Date | | |
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| | Activity or Event Identifier: | Category/ Type | Date Date | | |
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| В. | Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | | |
| | | | Administrative Fundraising Exempt | | |
| | Mailing Address | | Voter Drive Direct Candidate Support | | |
| | City State Zip Code | | Public Comm (ref to party only) by PAC | | |
| | Purpose of Disbursement: | | Allocated Activity or Event Year-To-Date | | |
| | | | | | |
| | Activity or Event Identifier: | Category/ | | | |
| | | Type | Date | | |
| | FEDERAL SHARE + NONFEDERAL | SHARE | = TOTAL AMOUNT | | |
| | | | | | |
| <u>c.</u> | Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | | |
| | | | Administrative Fundraising Exempt | | |
| | Mailing Address | | Voter Drive Direct Candidate Support | | |
| | City State Zip Code | | Public Comm (ref to party only) by PAC | | |
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SCHEDULE H5 (FEC Form 3X)

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80399

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

| PAGE | 17 | OF | 21 | |
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| FEG Schedule H5 (Form 3X) Rev. |

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)

| PAGE | 18 | OF | 21 |
|--------|----------------|----|---------|
| FOR LI | NE 30 a | OF | FORM 3X |

| NAME OF COMMITTEE (In Full) | | | | |
|--|--|--|--|--|
| Robinson + Cole Federal Political Action Committee | | | | |
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign | | | |
| Mailing Address | Allocated Activity or Event Year-To-Date | | | |
| City State Zip Code | work work work have broad and the release broad the sedomest | | | |
| Purpose of Disbursement Category/ Type | Date Date | | | |
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| B. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign | | | |
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| C. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign | | | |
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| LEVIN SHARE | 0.00 | | | |
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' SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

| | ME OF COMMITTEE (In Full) ROBINSON + Cold | Federal Political | Action Committee | | | | | | |
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| NAME OF ACCOUNT | | | | | | | | | |
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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

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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

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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) Federal Political Action Committee Date of Disbursement. Mailing Address State Zip Code City Amount of Each Disbursement this Period **Purpose of Disbursement** Full Name (Last, First, Middle Initial) / Full Organization Name В. **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 City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement 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 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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