

**FEC
FORM 3X**

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

RECEIVED

2012 JUL 18 AM 10:04
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 **FEC MAIL CENTER**

**ROBINSON & COLE FEDERAL POLITICAL ACTION
COMMITTEE**

ADDRESS (number and street)

280 TRUMBULL ST

C/O S. FRANK D'ERCOLE

Check if different than previously reported. (ACC)

HARTFORD

CT

06103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00341321

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on

/ /

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

/ /

in the State of

5. Covering Period

07 01 2012

through

06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **S. FRANK D'ERCOLE**

Signature of Treasurer

S. Frank D'Ercole

Date

07 09 2012

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

12030832364

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Robinson + Cole Federal PAC

Report Covering the Period: From: *04 01 2012* To: *06 30 2012*

12030832365

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <i>2012</i> | | <i>6,765.61</i> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <i>3,765.61</i> | |
| (c) Total Receipts (from Line 19)..... | <i>0.00</i> | <i>0.00</i> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <i>3,765.61</i> | <i>6,765.61</i> |
| 7. Total Disbursements (from Line 31)..... | <i>0.00</i> | <i>3,000.00</i> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <i>3,765.61</i> | <i>3,765.61</i> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <i>0.00</i> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <i>0.00</i> | |

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

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:

04 01 2012

To:

06 30 2012

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

0 00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0 00

0 00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0 00

0 00

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

0 00

0 00

12030832366

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 000 | 000 |
| 34. Total Contribution Refunds (from Line 28(d)) | 000 | 000 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 000 | 000 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 000 | 000 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 000 | 000 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 000 | 000 |

12030832368

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **6** OF **21**
(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 person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Robinson & Cole Federal PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

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

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

Amount

0.00

12030832369

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

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

FOR LINE NUMBER:
(check only one)

PAGE **7** OF **21**

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Robinson & Cole Federal PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

A.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

C.

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

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

000

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SCHEDULE C (FEC Form 3X)

LOANS

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

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

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Robinson & Cole Federal PAC

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

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes 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.

12030832371

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

Supplementary for
Information found on
Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

12030832372

NAME OF COMMITTEE (In Full)
Robinson & Cole Federal PAC
FEC IDENTIFICATION NUMBER
C00341321

LENDING INSTITUTION (LENDER)
Full Name
Amount of Loan
Interest Rate (APR)
Mailing Address
Date Incurred or Established
City State Zip Code
Date Due

A. Has loan been restructured? [] No [] Yes If yes, date originally incurred

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

C. Are other parties secondarily liable for the debt incurred?
[] No [] Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
[] No [] Yes If yes, specify:
What is the value of this collateral?
Does the lender have a perfected security interest in it? [] No [] Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? [] No [] Yes If yes, specify:
What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
Date account established:
Location of account:
Address:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature
DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title
DATE

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

| |
|----|
| 9 |
| 10 |

NAME OF COMMITTEE (In Full) *Robinson & Cole Federal PAC*

12030832373

| | |
|--|---------------------------|
| 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).....▶ | 0.00 |
| 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)▶ | |

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

| | |
|---|---|
| NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Robinson & Cole Federal PAC</div> | FEC IDENTIFICATION NUMBER ▼ C 00341321 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

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

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

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input style="width:100%;" type="text"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <input style="width:100%;" type="text"/> |
| (c) TOTAL Independent Expenditures | <input style="width:100%;" type="text"/> |

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

12030832374

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

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

12030832376

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Robinson & Cole Federal PAC

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.

12030832377

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|---|--------------------|-----------------------|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % [] % | 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 PAC**

| NAME OF ACCOUNT | DATE OF RECEIPT | 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 |

12030832378

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full) Robinson & Cole Federal PAC

| | | | |
|--|-------|---|--|
| A. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <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 | |
| City | State | Zip Code | Allocated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/ Type | Date |
| Activity or Event Identifier: | | | |
| FEDERAL SHARE | + | NONFEDERAL SHARE | = TOTAL AMOUNT |
| | | | |

| | | | |
|--|-------|---|--|
| B. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <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 | |
| City | State | Zip Code | Allocated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/ Type | Date |
| Activity or Event Identifier: | | | |
| FEDERAL SHARE | + | NONFEDERAL SHARE | = TOTAL AMOUNT |
| | | | |

| | | | |
|--|-------|---|--|
| C. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <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 | |
| City | State | Zip Code | Allocated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/ Type | Date |
| Activity or Event Identifier: | | | |
| 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 |
| | | 000 |

12030832379

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY

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

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

12030832380

NAME OF COMMITTEE (In Full) *Robinson & Cole Federal PAC*

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | | |

BREAKDOWN OF THIS TRANSFER

| | VOTER REGISTRATION |
|--|--------------------|
| i) Voter Registration Total Amount Transferred for Voter Registration..... | |
| ii) Voter ID Total Amount Transferred for Voter ID..... | |
| iii) GOTV Total Amount Transferred for GOTV..... | |
| iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity..... | |

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | | |

BREAKDOWN OF THIS TRANSFER

| | VOTER REGISTRATION |
|--|--------------------|
| i) Voter Registration Total Amount Transferred for Voter Registration..... | |
| ii) Voter ID Total Amount Transferred for Voter ID..... | |
| iii) GOTV Total Amount Transferred for GOTV..... | |
| iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity..... | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

| | |
|---|-----|
| TOTAL This Period (Voter Registration)..... | |
| TOTAL This Period (Voter ID)..... | |
| TOTAL This Period (GOTV)..... | |
| TOTAL This Period (Generic Campaign Activity)..... | |
| TOTAL This Period (Total Amount of Transfers Received)..... | 000 |

**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)

12030832381

NAME OF COMMITTEE (In Full) **Robinson & cole Federal PAC**

| | | | |
|---|-------|--|------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|---|-------|--|------|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|---|-------|--|------|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| 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)) | | | | |
| FEDERAL SHARE | | LEVIN SHARE | | TOTAL AMOUNT |
| | | | | 000 |
| TOTAL This Period for the Levin Share | | | | |

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
 (check only one) 1a 2

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NAME OF COMMITTEE (In Full)
Robinson & Cole Federal PAC

12030832382

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> |
| <p>Name of Employer or Principal Place of Business</p> | <p>Occupation</p> |
| <p>Occupation</p> | <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> |
| <p>Name of Employer or Principal Place of Business</p> | <p>Occupation</p> |
| <p>Occupation</p> | <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> |
| <p>Name of Employer or Principal Place of Business</p> | <p>Occupation</p> |
| <p>Occupation</p> | <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> |
| <p>D.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> |
| <p>Name of Employer or Principal Place of Business</p> | <p>Occupation</p> |
| <p>Occupation</p> | <p>Subtotal of Receipts This Page (optional)</p> |
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>TOTAL This Period (last page this line number only)</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p>0.00</p> |

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

page 20 of 21

12030832383

| |
|---|
| NAME OF COMMITTEE (In Full) Robinson & Cole Federal PAC |
| 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) | | |

**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 21 OF 21
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)

Robinson & Cole Federal PAC

12030832384

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

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Exp* Shipping Date
7/9/12
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMP
 PREPARER
 (3/2005)

7/10/12
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