

RECEIVED  
FEC MAIL ROOM

2002 APR 12 P 2:19

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (in full) **ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**  
USE FEC MAILING LABEL OR TYPE OR PRINT  Example: If typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **1280 TRUMBULL STREET**  
**128TH FLOOR**  
**HARTFORD CT 06103**  
Check if different than previously reported (ACC)

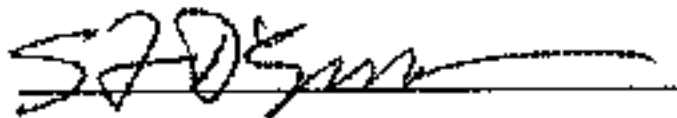
2. FEC IDENTIFICATION NUMBER **00341321**  
CITY **CT** STATE **CT** ZIP CODE **06103**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 **01/01/2002** through **03/31/2002**

I certify that I have examined the 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  Date **04/03/2002**

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

2002 APR 12 P 2:19

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <u>2002</u>   |                         | <u>5168</u>                       |
| (b) Cash on Hand at<br>Beginning of Reporting Period  | <u>516838</u>           |                                   |
| (c) Total Receipts (from Line 19)   | <u>000</u>              | <u>000</u>                        |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)      | <u>516838</u>           | <u>516838</u>                     |
| 7. Total Disbursements (from Line 30)   | <u>100000</u>           | <u>100000</u>                     |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))                 | <u>416838</u>           | <u>416838</u>                     |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule G and/or Schedule D)  | <u>000</u>              |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule G and/or Schedule D) | <u>000</u>              |                                   |

This committee has qualified as a multicandidate committee. (see FEC FORM 146)

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 2X (Revised 1/01)

Page 3

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01/01/2002

To:

03/31/2002

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 |      |
| (ii) Unitemized .....  | 0.00 |      |
| (b) TOTAL (add Lines 11(a)(i) and (ii)) .....  | 0.00 | 0.00 |
| (b) Political Party Committees .....   | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) .....  | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(i), (ii), (b), and (c)) (Carry Totals to Line 32, page 4) ..... | 0.00 | 0.00 |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00 | 0.00 |
| 13. All Loans Received .....   | 0.00 | 0.00 |
| 14. Loan Repayments Received .....   | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4) .....   | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....             | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00 | 0.00 |
| 18. Transfers from Nonfederal Account for Joint Activity .....   | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....                               | 0.00 | 0.00 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) .....   | 0.00 | 0.00 |

2025 RELEASE UNDER E.O. 14176

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

|   |          |          |
|---|----------|----------|
| <b>21. Operating Expenditures:</b>  |          |          |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)  |          |          |
| (i) Federal Share   | 0.00     | 0.00     |
| (ii) Non-Federal Share  | 0.00     | 0.00     |
| (b) Other Federal Operating Expenditures  | 0.00     | 0.00     |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))                                 | 0.00     | 0.00     |
| <b>22. Transfers to Affiliated/Other Party Committees</b>   | 0.00     | 0.00     |
| <b>23. Contributions to Federal Candidates/Committees and Other Political Committees</b>          | 1,000.00 | 1,000.00 |
| <b>24. Independent Expenditures (use Schedule E)</b>  | 0.00     | 0.00     |
| <b>25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(d)) (use Schedule F)</b> | 0.00     | 0.00     |
| <b>26. Loan Repayments Made</b>   | 0.00     | 0.00     |
| <b>27. Loans Made</b>   | 0.00     | 0.00     |
| <b>28. Refunds of Contributions To:</b>   |          |          |
| (a) Individuals/Persons Other Than Political Committees   | 0.00     | 0.00     |
| (b) Political Party Committees  | 0.00     | 0.00     |
| (c) Other Political Committees (such as PACs)   | 0.00     | 0.00     |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))                                    | 0.00     | 0.00     |
| <b>29. Other Disbursements</b>  | 0.00     | 0.00     |
| <b>30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)</b>           | 0.00     | 0.00     |
| <b>31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)</b>                      | 1,000.00 | 1,000.00 |

**III. Net Contributions/Operating Expenditures**

|   |      |      |
|---|------|------|
| <b>32. Total Contributions (other than loans) (from Line 11(d), page 3)</b>         | 0.00 | 0.00 |
| <b>33. Total Contribution Refunds (from Line 28(d))</b>                             | 0.00 | 0.00 |
| <b>34. Net Contributions (other than loans) (subtract Line 33 from Line 32)</b>     | 0.00 | 0.00 |
| <b>35. Total Federal Operating Expenditures (add Line 21(a)(ii) and Line 21(b))</b> | 0.00 | 0.00 |
| <b>36. Offsets to Operating Expenditures (from Line 15, page 3)</b>                 | 0.00 | 0.00 |
| <b>37. Net Operating Expenditures (subtract Line 36 from Line 35)</b>               | 0.00 | 0.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 16

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Receipt

|    |    |    |
|----|----|----|
| MM | DD | YY |
|----|----|----|

A.

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

|        |
|--------|
| Amount |
|--------|

FEC ID number of contributing federal political committee.

|   |
|---|
| C |
|---|

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

|           |
|-----------|
| Aggregate |
|-----------|

Full Name (Last, First, Middle Initial)

Date of Receipt

|    |    |    |
|----|----|----|
| MM | DD | YY |
|----|----|----|

B.

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

|        |
|--------|
| Amount |
|--------|

FEC ID number of contributing federal political committee.

|   |
|---|
| C |
|---|

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

|           |
|-----------|
| Aggregate |
|-----------|

Full Name (Last, First, Middle Initial)

Date of Receipt

|    |    |    |
|----|----|----|
| MM | DD | YY |
|----|----|----|

C.

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

|        |
|--------|
| Amount |
|--------|

FEC ID number of contributing federal political committee.

|   |
|---|
| C |
|---|

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

|           |
|-----------|
| Aggregate |
|-----------|

SUBTOTAL of Receipts This Page (optional)

|      |
|------|
| 0.00 |
|------|

TOTAL This Period (last page this line number only)

|      |
|------|
| 0.00 |
|------|

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER  
(check only one)

|                              |                             |  |                              |                             |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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"/> 29 |

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

NAME OF COMMITTEE (in Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE

Mailing Address

P.O. BOX 1986

City

NEW BRITAIN

State

CT

Zip Code

06250

Purpose of Disbursement

Candidate Name

NANCY JOHNSON

Category/Type

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify) ▼

State: CT

District: 06

Date of Disbursement

02/19/2002

Amount of Each Disbursement this Period

500.00

B. CAPUANO FOR CONGRESS

Mailing Address

P.O. BOX 440305

City

SUMMITVILLE MA

State

MA

Zip Code

02144

Purpose of Disbursement

Candidate Name

MICHAEL CAPUANO FOR CONGRESS

Category/Type

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify) ▼

State: MA

District: 08

Date of Disbursement

03/06/2002

Amount of Each Disbursement this Period

500.00

C.

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:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 7 OF 16

FOR LINE 15 OF FORM 3X

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

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

Mailing Address

City State ZIP Code

Election:

- Primary
General
Other (specify)

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured

Form fields for terms including date, interest rate, and secured status.

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)

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

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

Supplementary for  
information found on  
Page 8 of Schedule C

Federal Election Commission, Washington, D.C. 20483

|   |                |   |                            |
|---|----------------|---|----------------------------|
| <b>NAME OF COMMITTEE (In Full)</b><br><u>ROBINSON &amp; COLE FEDERAL POLITICAL ACTION COMMITTEE</u>   |                | <b>FEC IDENTIFICATION NUMBER</b><br><u>000341321</u>  |                            |
| <b>LENDING INSTITUTION (LENDER)</b><br>Full Name  |                | <b>Amount of Loan</b>   | <b>Interest Rate (APR)</b> |
| Mailing Address   |                | <b>Date Incurred or Established</b>   |                            |
| City  | State Zip Code | <b>Date Due</b>   |                            |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes   |                | If yes, date originally incurred  |                            |
| B. If line of credit:<br>Amount of this Draw  |                | Total Outstanding Balance   |                            |
| C. Are other parties secondarily liable for the debt incurred?<br><input type="checkbox"/> No <input type="checkbox"/> 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?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: |                | What is the value of this collateral?<br><br>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes |                            |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:  |                | What is the estimated value?  |                            |
| A depository account must be established pursuant to 11 CFR 100.7(b)(11)(K) and 100.8(b)(12)(K).  |                | Location of account   |                            |
| Date account established:   |                | 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  |                | DATE  |                            |
| Typed Name  |                |   |                            |
| Signature   |                |   |                            |
| H. Attach a signed copy of the loan agreement.  |                |   |                            |
| I. TO BE SIGNED BY THE LENDING INSTITUTION:   |                |   |                            |
| 1. 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.   |                |   |                            |
| 2. 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.  |                |   |                            |
| 3. 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 for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.  |                |   |                            |
| AUTHORIZED REPRESENTATIVE   |                | DATE  |                            |
| Typed Name  |                |   |                            |
| Signature   | Title          |   |                            |

FEC Form 3X-1 (Rev. 10/01)



SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 4 OF 16

FOR LINE NUMBER (check only one)

0 10

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)
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

PAGE 10 OF 16  
FOR LINE 24 OF FORM 3X

|  |  |
|--|--|
| NAME OF COMMITTEE (in full)<br><b>ROBINSON &amp; COLE FEDERAL POLITICAL ACTION COMMITTEE</b> | FEC IDENTIFICATION NUMBER<br><b>C-00341321</b> |
|--|--|

2025 RELEASE UNDER E.O. 14176

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee | Purpose of Expenditure  | Category/Type   |
| Mailing Address                                  | Name of Federal Candidate supported or opposed by expenditure:  |   |
| City State Zip Code                              | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential<br>State: _____ District: _____ |   |
| Date   | Amount  | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Full Name (Last, First, Middle Initial) of Payee | Purpose of Expenditure  | Category/Type   |
| Mailing Address                                  | Name of Federal Candidate supported or opposed by expenditure:  |   |
| City State Zip Code                              | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential<br>State: _____ District: _____ |   |
| Date   | Amount  | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Full Name (Last, First, Middle Initial) of Payee | Purpose of Expenditure  | Category/Type   |
| Mailing Address                                  | Name of Federal Candidate supported or opposed by expenditure:  |   |
| City State Zip Code                              | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential<br>State: _____ District: _____ |   |
| Date   | Amount  | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |

|   |                           |
|---|---------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures   | <input type="text"/>      |
| (b) SUBTOTAL of Unitemized Independent Expenditures |                           |
| (c) TOTAL Independent Expenditures                  | <input type="text"/> 0.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this  day of

My Commission expires:

Signature  Date

NOTARY PUBLIC

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED 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 11 OF 16 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in full)
LINDSEY B. COLE FEDERAL POLITICAL ACTION COMMITTEE

Has your committee been designated to make coordinated expenditures by a political party committee?
YES NO
If YES, name the designating committee:
Full Name of Subordinate Committee
Mailing Address
City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee
Mailing Address
City State Zip Code
Name of Federal Candidate Supported Office Sought: House Senate Presidential State District
Purpose of Expenditure
Date
Amount
Aggregate General Election Expenditure for this Candidate

Full Name (Last, First, Middle Initial) of Each Payee
Mailing Address
City State Zip Code
Name of Federal Candidate Supported Office Sought: House Senate Presidential State District
Purpose of Expenditure
Date
Amount
Aggregate General Election Expenditure for this Candidate

Full Name (Last, First, Middle Initial) of Each Payee
Mailing Address
City State Zip Code
Name of Federal Candidate Supported Office Sought: House Senate Presidential State District
Purpose of Expenditure
Date
Amount
Aggregate General Election Expenditure for this Candidate

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

2025 RELEASE UNDER E.O. 14176



**SCHEDULE H2 (FEC Form 3X)  
ALLOCATION RATIOS**

NAME OF COMMITTEE (in Full)  
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

1. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
2. EXEMPT activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
3. 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.

| NAME OF ACTIVITY OR EVENT   | FEDERAL %                           | NON-FEDERAL %                           |
|---|-------------------------------------|---|
| NAME OF ACTIVITY OR EVENT<br>ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><input type="text"/> % | NON-FEDERAL %<br><input type="text"/> % |
| NAME OF ACTIVITY OR EVENT<br>ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><input type="text"/> % | NON-FEDERAL %<br><input type="text"/> % |
| NAME OF ACTIVITY OR EVENT<br>ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><input type="text"/> % | NON-FEDERAL %<br><input type="text"/> % |
| NAME OF ACTIVITY OR EVENT<br>ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><input type="text"/> % | NON-FEDERAL %<br><input type="text"/> % |
| NAME OF ACTIVITY OR EVENT<br>ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><input type="text"/> % | NON-FEDERAL %<br><input type="text"/> % |
| NAME OF ACTIVITY OR EVENT<br>ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><input type="text"/> % | NON-FEDERAL %<br><input type="text"/> % |

2025-03-25 14:22

SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE 14 OF 16  
FOR LINE 18 OF FORM 3X

NAME OF COMMITTEE (in Full)  
**ROMANO & LOLE FEDERAL POLITICAL ACTION COMMITTEE**

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

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

ii) Direct Fundraising  
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) Total Amount Transferred for Direct Fundraising

EXEMPT ACTIVITY/  
DIRECT CANDIDATE SUPPORT

iii) Exempt Activity/Direct Candidate Support  
(List Events-Amount For Each)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) Total Amount Transferred For  
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period  
(Administrative/Voter Drive Amount)

TOTAL This Period (Direct Fundraising Amount)

TOTAL This Period (Exempt Activity/Direct Candidate Support)

TOTAL This Period (Total Amount Transferred) **00.00**

Electronic Filing System

DISBURSEMENT SCHEDULE H4 (FEC Form 3X)  
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

NAME OF COMMITTEE (In Full)  
**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

|  |       |   |   |
|--|-------|---|---|
| A. Full Name (Last, First, Middle Initial) |       | Type of Allocated Activity:                 |   |
| Mailing Address                            |       | <input type="checkbox"/> Admin./Voter Drive | <input type="checkbox"/> Fundraising              |
| City                                       | State | Zip Code                                    | <input type="checkbox"/> Exempt                   |
| Purpose/Event                              |       | Event Year-To-Date                          | <input type="checkbox"/> Direct Candidate Support |
| Description:                               |       | Date  |   |
| FEDERAL SHARE                              |       | +   | NON-FEDERAL SHARE                                 |
|  |       | =   | TOTAL AMOUNT                                      |

|  |       |   |   |
|--|-------|---|---|
| B. Full Name (Last, First, Middle Initial) |       | Type of Allocated Activity:                 |   |
| Mailing Address                            |       | <input type="checkbox"/> Admin./Voter Drive | <input type="checkbox"/> Fundraising              |
| City                                       | State | Zip Code                                    | <input type="checkbox"/> Exempt                   |
| Purpose/Event                              |       | Event Year-To-Date                          | <input type="checkbox"/> Direct Candidate Support |
| Description:                               |       | Date  |   |
| FEDERAL SHARE                              |       | +   | NON-FEDERAL SHARE                                 |
|  |       | =   | TOTAL AMOUNT                                      |

|  |       |   |   |
|--|-------|---|---|
| C. Full Name (Last, First, Middle Initial) |       | Type of Allocated Activity:                 |   |
| Mailing Address                            |       | <input type="checkbox"/> Admin./Voter Drive | <input type="checkbox"/> Fundraising              |
| City                                       | State | Zip Code                                    | <input type="checkbox"/> Exempt                   |
| Purpose/Event                              |       | Event Year-To-Date                          | <input type="checkbox"/> Direct Candidate Support |
| Description:                               |       | Date  |   |
| FEDERAL SHARE                              |       | +   | NON-FEDERAL SHARE                                 |
|  |       | =   | TOTAL AMOUNT                                      |

|  |   |                   |
|--|---|-------------------|
| SUBTOTAL of Joint Federal and Non-Federal Activity This Page   |   |                   |
| FEDERAL SHARE  | + | NON-FEDERAL SHARE |
|  | = | TOTAL AMOUNT      |
| TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii)) |   |                   |
| FEDERAL SHARE  |   | TOTAL AMOUNT      |
|  |   |                   |
| TOTAL This Period for the Non-Federal Share (used for line 21 of the attached summary page)                    |   |                   |
|  |   |                   |

**SCHEDULE I (FEC Form 3X)  
AGGREGATION PAGE  
NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES**

(Use a separate Aggregation Page for each nonfederal account)

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>ROBINSON &amp; FILE FEDERAL POLITICAL ACTION COMMITTEE</b> |  |
| NAME OF ACCOUNT<br><b>NOT APPLICABLE</b>   | Coverage Period<br>From: <b>01</b> / <b>01</b> / <b>2002</b> To: <b>03</b> / <b>31</b> / <b>2002</b> |

|  | COLUMN A<br>TOTAL THIS PERIOD | COLUMN B<br>YEAR-TO-DATE |
|--|-------------------------------|--------------------------|
| <b>RECEIPTS</b><br>(Attach Supporting Memo Schedule A<br>Itemizing Receipts Aggregating in Excess<br>of \$200 During the Calendar Year)            |                               |                          |
| 1. TOTAL RECEIPTS: .....   | [ ]                           | [ ]                      |
| <b>DISBURSEMENTS:</b><br>(Attach Supporting Memo Schedule B<br>Itemizing Disbursements Aggregating in<br>Excess of \$200 During the Calendar Year) |                               |                          |
| 2. Transfers to Federal or Allocation<br>Account for Allocable Expenses .....  | [ ]                           | [ ]                      |
| 3. Transfers to State/Local<br>Party Organizations .....   | [ ]                           | [ ]                      |
| 4. Direct State/Local<br>Candidate Support .....   | [ ]                           | [ ]                      |
| 5. Other Disbursements .....   | [ ]                           | [ ]                      |
| 6. TOTAL DISBURSEMENTS<br>(add Lines 2, 3, 4, and 5) .....   | [ ]                           | [ ]                      |
| <b>SUMMARY</b>   |                               |                          |
| 7. BEGINNING CASH ON HAND<br>(for Column B, use cash<br>as of January 1st) .....   | [ ]                           | [ ]                      |
| 8. RECEIPTS (from Line 1) .....  | [ ]                           | [ ]                      |
| 9. SUBTOTAL .....  | [ ]                           | [ ]                      |
| 10. DISBURSEMENTS (from Line 6) .....  | [ ]                           | [ ]                      |
| 11. ENDING CASH ON HAND .....  | [ ]                           | [ ] <b>0.00</b>          |



Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received

|   |   |
|---|---|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                               |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                                    |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED (R/C)<br>4-5-02                    |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                               |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                               |
| <input type="checkbox"/> Other ( Specify )  | Postmarked<br>_____<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |   |
| dm10  | 4-12-02                                       |
| PREPARER  | DATE PREPARED                                 |