Robinson+Cole

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GLENN A. SANTORO

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

April 11, 2016

<u>Via FedEx</u>

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

Re: FEC Form 3X for the Reporting Period Ended: December 31, 2015

Ladies and Gentlemen:

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

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

Very truly, yours,

Glenn A. Santoro

Enclosures

F	FE ORM				ID	DIS	OF RE BURSE An Authorize	MEN.	TS					2016	c M Apr	IAIL	VED CENTER AM 9:50
	NAME (COMMI	OF TTEE (in f	ull)	ТҮРІ	EORI	PRINT		ample: If ty er the lines		/pe	12	2FE	4 M	5			
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		n previous orted. (AC			A R		D_R_D_		<u> </u>		C	T		0	6 ₁ 1:	03	- <mark>3 ₁5 ₁7 19</mark>
2.	FEC ID	ENTIFICA	TION N	ЛМВІ	ER 🔻						STA	TE 🔺	<u> </u>				
	C ₀	034	13	21			3. IS THIS REPOR	Ť	NEW (N)	OR				MENC 4)	DED	,	
4.	TYPE (Choose	OF REP One)	ORT	(b) Mor Rep Due	•	Feb 20 (M	,	-	20 (M				g 20 (l			Nov 20 (M11 (Non-Election Year Only) Dec 20 (M12
	(a) Qua	arterly Rep	orts:				Mar 20 (M			20 (M6	•			p 20 (I			(Non-Election Year Only)
	X	April 15 Quarterly	Report (C	21)			Apr 20 (M4			0 (M7) 				t 20 (N			Jan 31 (YE)
		July 15 Quarterly	Report (C	22)	(C)	12-Day PRE-E Report		Primary (Conventio						l (12G (12S)			Runoff (12R)
			Report (C	23)				M M	/ D	D /	Ŷ	Y	Y .	Ŷ		in the	
			Report (/E)			Election on									State	of
		Report (N	uly 31 Mid-Year (d leport (Non-election ear Only) (MY)		(d)		/ Election for the:	General (30G)			Ru	noff	(30R)			Special (30S)
		Terminati (TER)	on Report				Election on	M N	/ D	י כ	Ŷ	Y	¥ ·	Y.		in the State	
5.	Coverin	g Period	Ö	ŕ′	Ô	î . ′	ŽŎľĞ	throug	h	0	3 ′	° 3	D 1	/. Y 2	ò	1 6	
	-	•					ne best of my kr SANTORO	owledge ar	nd belie	fitis	true,	corre	ct a	nd coi	mple	le.	
Sigr	nature of	Treasurer			-						Date		ч О 4	м / 4	D	Ð /	2016
NO		hission of fa	alse, erron	eous,	or inc	omplete	information may	subject the	person s	signing	this I	Repo	rt to	<u> </u>			
FE6A	L	Jse Only		- <u>.</u>								<u>.</u>				FOI lev. 12/	RM 3X 2004 —

Γ	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
Ţ	COBINSON & COLE FEDERAL POL	TICAL ACTION COMMITTEE	
		šha i DD i YVYY M. ta i	31 2016
	· · · · · · · · · · · · · · · · · · ·		LUMN B r Year-to-Date
6.	(a) Cash on Hand y y y y January 1, 2016	· ,	8,196.61
	(b) Cash on Hand at Beginning of Reporting Period	, 8,196.61	
	(c) Total Receipts (from Line 19)	, , 0 .00 ,	, 0 .0 0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines	. Х.	
	6(a) and 6(c) for Column B)	· · · · · · · · · · · · · · · · · · ·	, .
7.	Total Disbursements (from Line 31)	, 50000 ,	,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 7,69661 ,	7,696.61
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , , ·	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
		, , , -	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

Page 3

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01	0 1	201		03	3 1	2016
I. Receipts		A Period	COLUMN B Calendar Year-to-Date			
. Contributions (other than loans) From:						
(a) Individuals/Persons Other		•				
Than Political Committees						
(i) Itemized (use Schedule A)	,	3	0.00	7	,	0.00
(ii) Unitemized	3	,	• ·	,	,	
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)▶	,	3	0.00	7	7	0.0 0
(b) Political Party Committees	,	3		,	,	
(c) Other Political Committees		•				
(such as PACs)	7	,	-	t	,	
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry			0 0 0			
Totals to Line 33, page 5)▶	,	,	0.00	,		0.00
2. Transfers From Affiliated/Other						
Party Committees	;	,	· •	,	,	•
8. All Loans Received	,	,	•	,	,	
I. Loan Repayments Received	3	¢		,	,	
5. Offsets To Operating Expenditures	,	,		,	,	
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	. ,	,		,	,	
Refunds of Contributions Made	,	•			•	
to Federal Candidates and Other		•				
Political Committees	,	,	•	,	,	
7. Other Federal Receipts						
(Dividends, Interest, etc.)	,	3		,	,	
Transfers from Non-Federal and Levin Funds	•	,	•			-
(a) Non-Federal Account						
(from Schedule H3)	,	,		.)	7	•
(b) Levin Funds (from Schedule H5)	,	,		,	,	•
(c) Total Transfers (add 18(a) and 18(b))						
	,	, ,	•	>	3	•
9. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	,	3	0.00	,	,	0.0
D. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶			0 0 0			0 0
	,	,	0.00	,	,	0 · 0

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)		ursements		Page 4
II. Disbursements		COLUMN A		COLUMN B
1. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		al This Period		endar Year-to-Date
(i) Federal Share	7	· ·		, , , .
(ii) Non-Federal Share		•		
(b) Other Federal Operating	3	, .		, , , -
Expenditures (c) Total Operating Expenditures	1	, -		, , - _.
(add 21(a)(i), (a)(ii), and (b))► 2. Transfers to Affiliated/Other Party	2	, -		, , -
Committees: 3. Contributions to Federal Candidates/Committees	3	, ·		, , ·
and Other Political Committees 4. Independent Expenditures	,	,500.0	0	, ,500.00
(use Schedule E)				
 Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) 	3	, -		, , .
	,	, -		, , .
6. Loan Repayments Made	;	, -		, , ,
7. Loans Made 3. Refunds of Contributions To: (a) Individuals/Persons Other	1	, .		1 J '
Than Political Committees	3	, .		, , ,
(b) Political Party Committees(c) Other Political Committees	;	, .		, , .
(such as PACs)	3	J -		, , .
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))►	,	, .		, , ,
9. Other Disbursements	3	, .		3 J -
	,			, ,
 6. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity 				
(from Schedule H6) (i) Federal Share				
(i) Federal Share	3	, .	,	, , .
(ii) "Levin" Share				
(b) Federal Election Activity Paid Entirely With Federal Funds	,	, -		, , .
(c) Total Federal Election Activity (add	,	, -	,	, <u>,</u> -
Lines 30(a)(i), 30(a)(ii) and 30(b))►	3	, -	;	, <u>,</u> .
I. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3	,500.0	0	, , 5 0 0 · 0 (
2. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)		,500.0	0,	, 500.00

i.

i

FEC Form 3X (Rev. 02/2003)	DETAILED S of Disk	UMMARY oursements	' PAGE		Pag	je 5	
III. Net Contributions/Operating Expenditures		COLUMN A al This Peri	od	COLUMN B Calendar Year-to-Date			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	3	, 5 0	0.00	ŷ	, 5 (0 0 0 0	
 Total Contribution Refunds (from Line 28(d)) 	3	,		3	,	•	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	,	,50	0.00	3	,5(0.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3	,		1	,		
37. Offsets to Operating Expenditures (from Line 15, page 3)	1	,		7	,		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	,	,		,	,		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 0F 21 (check only one) 11a 11b 11c 12 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
ROBINSON & COLE FEDERAL	POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
		· · ·	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		· , , .
Name of Employer	Occupation		
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼ ,		j j •	
Full Name (Last, First, Middle Initial)	<u></u>		
Mailing Address			
City	State	Zip Code	
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		, , .
Name of Employer	Occupation	I	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify)		, , ·	
Full Name (Last, First, Middle Initial)	.L		
Mailing Address		·	Date of Receipt
City	State	Zip Code	
City .	Sidle		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		, , ·
Name of Employer	Occupation	· · · · · · · · · · · · · · · · · · ·	
Receipt For:	Aggregate	Year-to-Date V	
Other (specify)		j · 1 ·	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		·	_ , ,

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SCHEDULE B (FEC Form 3X)	[EOB 1 IN	NE NUMBER: PAGE 7 OF 21
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check o	only one)
	Detailed Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any information copied from such Reports and State or for commercial purposes, other than using the nar		d by any pe	erson for the purpose of soliciting contributions
/ ROBINSON & COLE FEDERAL POLI	TICAL ACTION COMMI	TTEE	•
Full Name (Last, First, Middle Initial) A.			Date of Disbursement
LARSON FOR CONGRESS			№ 15 Z D Q / Y Y Y Y
Mailing Address			03 1 1 2 0 1 6
P.OBOX_2161172 City	State Zip Code		
_ HARTFORD	_CT06126		_
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Cotososul	·
JOHN B. LARSON		Category/ Type	, ,500 ,00
	ment For:	. <u> </u>	
Senate	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
			ам и росуууу
Mailing Address			
City	State Zip Code		· · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	, , .
Office Sought: House Disburse Senate President	nent For: Primary General ∵Other (specify). ↓		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Distancement
C.			Date of Disbursement
Mailing Address			<u></u> ₩₩/DD??YYYŸ
City	State Zip Code		······································
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:	Туре	, <u>,</u> , .
Senate	Primary General		· · ·
President	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		•••••• •	, , , 5 0 0 . 0 0
TOTAL This Period (last page this line number only)	····· •	-

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

SCHEDULE C (FEC Form 3X)

LOANS	Use separate schedule(s)	PAGE 8	OF 21
	for each category of the Detailed Summary Page	FOR LINE	13 OF FORM 3X
NAME OF COMMITTEE (In Full)			
ROBINSON & COLE FEDERAL POLITICAL ACTION COM	MITTEE		
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:	
		Primary	
		General	、
Mailing Address		Other (specify) 🔻
City State ZIP Cod	e		,,
Original Amount of Loan Cumulative Payment To I	Date Balance	e Outstanding at	Close of This Period
· · · · · · · · · · · · · · · · · · ·		, ,	•
TERMS		<u> </u>	
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	<u></u>	
Mailing Address	Occupation		
			<u>.</u>
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:	,	
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	· ·		
	Amount Guaranteed		
City State ZIP Code	Outstanding:	7	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		<u> </u>
		•	
	Amount		
	Guaranteed Outstanding:	,	
	Name of Employer	. <u></u>	
Mailing Address	Occupation		
-	Amount		
	Guaranteed	,	
	Outstanding:	'	
SUBTOTALS This Period This Page (optional)	►	ş ,	
TOTALS This Period (last page in this line only)			0 0 0
		• • • • •	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D, carry forwar	o to appropriate	line of Summary.

.

	ROM LENDING INSTITUTION	IS Information found on Page of Schedule
deral Election Commission, Washington, D.C. 20)463	
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMB
		C 0 0 3 4 1 3 2 1
ROBINSON & COLE FEDERAL POLITI	CAL ACTION COMMITTEE	000341321
ENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
uli Name		
	s , ,	• %
ailing Address	· · · · · · · · · · · · · · · · · · ·	
	Date Incurred or Establishe	
		M M / D D / Y Y Y Y
ty State Zip Co	Date Due	
A. Has loan been restructured?	Yes If yes, date originally incurr	wwiddiwy red
B. If line of credit,	Total Outstanding	
Amount of this Draw:	Balance:	· • • • •
		· · · · · · · · · · · · · · · · · · ·
C. Are other parties secondarily liable for the		
	uarantors must be reported on Schedule C	What is the value of this collateral?
D. Are any of the following pledged as collate property, goods, negotiable instruments, ce		
stocks, accounts receivable, cash on depo		
No Yes If yes, specify:	<u>.</u>	, , , , ,
		Does the lender have a perfected secu
		interest in it? No Yes
E. Are any future contributions or future rece		What is the estimated value?
collateral for the loan?	S II yes, specify.	
		, , , , , , , , , , , , , , , , , , ,
A depository account must be established to 11 CFR 100.82(e)(2) and 100.142(e)(2)		
	Address	
Date account established		
Date account established:		
	City, State, Zip:	
	City, State, Zip:	ne amount pledged does not equal or excer which it assures repayment.
F. If neither of the types of collateral describe	City, State, Zip:	which it assures repayment.
 F. If neither of the types of collateral describe the loan amount, state the basis upon whi G. COMMITTEE TREASURER 	City, State, Zip:	which it assures repayment.
F. If neither of the types of collateral describe the loan amount, state the basis upon whi	City, State, Zip:	which it assures repayment.
 F. If neither of the types of collateral describe the loan amount, state the basis upon whi G. COMMITTEE TREASURER Typed Name 	City, State, Zip:	which it assures repayment.
 F. If neither of the types of collateral describe the loan amount, state the basis upon whi G. COMMITTEE TREASURER Typed Name 	City, State, Zip: ed above was pledged for this loan, or if th ich this loan was made and the basis on t	which it assures repayment.
 F. If neither of the types of collateral describe the loan amount, state the basis upon white the loan amount, state the basis upon white the loan amount, state the basis upon white the loan amount is the basis upon white the loan amount is the loan amount is the basis upon white the basis upon white the loan amount is the basis upon white the loan amount is the basis upon white the loan amount is the basis upon white the basis upon	City, State, Zip: ad above was pledged for this loan, or if the ich this loan was made and the basis on the ment. TITUTION: ledge, the terms of the loan and other info	DATE
 F. If neither of the types of collateral describe the loan amount, state the basis upon whi G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreem I. TO BE SIGNED BY THE LENDING INST To the best of this institution's knowl are accurate as stated above. II. The loan was made on terms and consimilar extensions of credit to other 	City, State, Zip: ed above was pledged for this loan, or if this ich this loan was made and the basis on v ment. TITUTION: ledge, the terms of the loan and other info onditions (including interest rate) no more borrowers of comparable credit worthiness	DATE
 F. If neither of the types of collateral describe the loan amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount am	City, State, Zip: ed above was pledged for this loan, or if th ich this loan was made and the basis on v ment. TITUTION: ledge, the terms of the loan and other info onditions (including interest rate) no more	DATE
 F. If neither of the types of collateral describe the loan amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amo	City, State, Zip: ed above was pledged for this loan, or if this ich this loan was made and the basis on v ment. ITTUTION: ledge, the terms of the loan and other info onditions (including interest rate) no more borrowers of comparable credit worthiness rement that a loan must be made on a ba	DATE
 F. If neither of the types of collateral describe the loan amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount amount, state the basis upon white the loan amount am	City, State, Zip: ed above was pledged for this loan, or if this ich this loan was made and the basis on v ment. ITTUTION: ledge, the terms of the loan and other info onditions (including interest rate) no more borrowers of comparable credit worthiness rement that a loan must be made on a ba	DATE DATE M M / D D / Y Y Y Y prmation regarding the extension of the loa favorable at the time than those imposed sis which assures repayment, and has aking this loan.

PAGE 9 OF 21

20-0 · 04 · - 10 · 00 · 00-0043MM

EBTS AND OBLIGATIONS senbadic(s) FOR LINKE MUMBER: (sheck only one) FOR LINKE MUMBER: (sheck only one) Interesting of each numbered line) FOR LINKE MUMBER: (sheck only one) Interesting of each numbered line) In	CHED	JLE D (FEC Form 3X)		(Use separate	T	PAGE	10 OF 21
Cluding Loans numbered line) 10 NAE OF COMMITTEE (in Full) Image: Committee (in Full) Image: Committee (in Full) A Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose); Mailing Address Image: Committee (in Full) City State Zip Code Outstanding Balance Beginning This Period , , , , , , , , , , , , , , , , , , ,	EBTS	AND OBLIGATIONS		schedule(s)			
ROBINSON 6. COLE FEDERAL POLITICAL ACTION COMMITTEE A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Quistlanding Balance Beginning This Period , ', ', ', ', ', ', ', ', ', ', ', ', ',	cluding	J Loans			(спеск	oniy one)	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address Zip Code City State Outstanding Balance Beginning This Period , , , , , , , , , , , , , , , , , , ,	AME OF	COMMITTEE (In Full)	·····				
Mailing Address City State Zip Code Outstanding Balance Beginning This Period , , , Armount Incurred This Period Payment This Period Outstanding Balance at Close of This Period , , , , , , , , , , , , , , , , , , ,	ROBIN	SON & COLE FEDERAL POLI	TICAL ACTION COMMITTEE				
City State Zip Code Outstanding Balance Beginning This Period	A. Full	Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of	Debt (Pur	pose):	
City State Zip Code Outstanding Balance Beginning This Period							
Outstanding Balance Beginning This Period	Mailing	Address					
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3. 3. 3. 3. B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address	City	State	Zip Code				
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3. 3. 3. 3. B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address							
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Periol 3 3 3 3 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address	Outst	anding Balance Beginning This Period					
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address Image: Context of the second se		, , -					
B. Full Name (Lasi, 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	Outstand	ling Balan	ce at Close	e of This Period
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		, , .	· , ,		,	3	
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	B. Full	Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of	Debt (Puri	oose):	
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 , , , , C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose). Mailing Address	Mailing	Address					
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period , , , , , , , , , , , , , , , , , , ,	_					,	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1 , , , , C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Nature of Debt (Purpose): Mailing Address	City	State	Zip Code				
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1 , , , , C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Nature of Debt (Purpose): Mailing Address	Outst	anding Balance Beginning This Period			<u> </u>		
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period , , , , , , , , , , , , , , , , , , ,		anding balance beginning this fond	· · ·				
, , , , , , , , , , , , , , , , , , ,		-	Payment This Period	Outstand	lino Balan	ce at Close	of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address Image: City State Zip Code Outstanding Balance Beginning This Period , , , , , , , , , , , , , , , , , , ,		Anount incurred this renod	r ayment mis r chou	Outstand	ing Dalah		
Mailing Address City State Zip Code Outstanding Balance Beginning This Period , , , , , , , , , , , , , , , , , , , , ,		1 1	y 5		,	,	•
City State Zip Code Outstanding Balance Beginning This Period	C. Full	Name (Last, First, Middle Initial) of De	abtor or Creditor	Nature of	Debt (Pur	pose):	
City State Zip Code Outstanding Balance Beginning This Period							
Outstanding Balance Beginning This Period , , , , , , , , , , , , , , , , , , ,	Mailing	Address	· · · · · · · · · · · · · · · · · · ·				
, , , , , , , , , , , , , , , , , , ,	City		State Zip Code				
, , , , , , , , , , , , , , , , , , ,	ļ						,
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period , , , , , , , , , , , , , , , , , , ,	Outst	anding Balance Beginning This Period					
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period , , , , , , , , , , , , , , , , , , ,		ş , -					
SUBTOTALS This Period This Page (optional)	{	Amount Incurred This Period	Payment This Period	Outstand	ling Balan	ce at Close	of This Period
SUBTOTALS This Period This Page (optional)		1 1 •	· • •		,	,	
TOTALS This Period (last page this line number only)			· · ·				
TOTALS This Period (last page this line number only)) SUBTO	DTALS This Period This Page (optional	·)	>	,	•	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			· · · · · · · · · · · · · · · · · · ·		•	•	
) TOTAL	.S This Period (last page this line num)	Der only)	····· •	,	;	•
) T OTA L	OUTSTANDING LOANS from Schedu	ile C (last page only)	►	,	,	•
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)) and 3) and carry forward to opproprie	ate line of Summary Page (last page a				0.00

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES		PAGE 11 OF 21
AME OF COMMITTEE (In Full)	·····	FOR LINE 24 OF FORM
		FEC IDENTIFICATION NUMBER
OBINSON & COLE FEDERAL POLITICAL ACTION	COMMITTEE	$C_{00341321}$
eck if 24-hour report 48-hour report New re	eport Amends repo	bort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
		\$4 (Å / D D / Y Y Y
Mailing Address		Amount
City State	Zip Code	
	·	, , .
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support	Office Sought: House District:
· · ·	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary Gener
Per Election for Office Sought		Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
		N M / D D / Y Y Y
Mailing Address		Amount
City State	Zip Code	
		Data of Dishumoment or Obligation
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support	Office Sought: House District:
		President Senate State:
Calendar Year-To-Date		Disbursement For: Primary Gene
Per Election for Office Sought	•	Other (specify) ▶
· · · · · · · · · · · · · · · · · · ·	····· · ···	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Uniternized Independent Expenditures		··· • · · · · · ·
(c) TOTAL Independent Expenditures		···· ► 3 7 -
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	es reported herein were ed committee or agent o	e not made in cooperation, consultation, or conce of either, or (if the reporting entity is not a politica
	Date	15 54 / D D / Y Y Y Ie
Signature		v
		FEC Schedule E (Form 3X) Rev. 09

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE 12 OF 21

FOR LINE 25 OF FORM 3X

your committee been designated to ma rdinated expenditures by a political party		Full Name of Sul	pordinate Commi	ttee		
[] YES [] NO ES, name the designating committee:		Mailing Address				_
		City		State	ZIP C	ode
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expenditur	e	
						Catego
Mailing Address	·····		· · · · · · · ·			Туре
City	State	Zip Code	<u> </u>	Date ສ່ຜູ່ກຸກ	3 Y Y	() Y
Name of Federal Candidate Supported	Office Sough	t: House Senate	State:	Amount		
	{	Presidentia		,	,	•
Aggregate General Election Expenditure for this Candidate ►	,	t				
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expenditur	e	
						Catego
Mailing Address	:					Type
City	State	Zip Code		Date	/ Y	י י י
Name of Federal Candidate Supported	Office Sough	;-··	State:	Amount		
	2	Senate Presidentia	District:	·		
Aggregate General Election Expenditure for this Candidate ►	<u>،</u> ب	,		, ,	1	•
Full Name (Last, First, Middle Initial) of	Each Pavee			Purpose of Expenditur	ē	
	2001 1 0,00					
Mailing Address						Catego Type
				Date		L
City	State	Zip Code	1	M M Z D D	/ Y	y v y
Name of Federal Candidate Supported	Office Sough	Senate	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ►	<u> </u>	Presidentia			5	

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

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)

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

%

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

ALLOCATION RATIOS		
NAME OF COMMITTEE (In Full)		
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		· •
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a r are allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- that refer to both
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	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
CHECK IF THE RATIO IS:	. %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
L Fundraising Direct Candidate Support	- %	- %
New Revised Same as Previously, Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- %.	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
CHECK IF THE RATIO IS:	- %	. %
New Bevised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	. %
Image: Check if the RATIO IS. Image: Check if the RATIO IS. <td< td=""><td></td><td></td></td<>		

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

PAGE 15 OF 21

FOR LINE 18a OF FORM 3X

AME OF COMMITTEE (In Full)	POLITICAL ACTION COMMITTEE			
NAME OF ACCOUNT	- DATE OF RECEIPT	TOTAL AMO	UNT TRANS	SFERRED
	. 13 14 ; O O / Y Y Y Y			
		,	,	•
BREAKDOWN OF TRANSFER REC	CEIVED	· · · ·		
i) Total Administrative		···· ,	,	
ii) Generic Voter Drive		s	,	•
111) Exampt Activition				
		,	3	•
iv) Direct Fundraising (List Activity	y or Event Identifier)			
a)				
۵/	, , , , ·			
b)	, , .			
	, , ,			
c) Total Amount Transferred For	r Direct Fundraising		,	
v) Direct Candidate Support (List	t Activity or Event Identifier)			
a)	····· , , ,			
(D)	, , .			
c) Total Amount Transferred For	r Direct Candidate Support	,	,	
			·	
vi) Public Communications Refer	rring Only to Party (Made by PAC)	····· ,	5	•
	TOTALS FOR BREAKDOWN OF TRANSFER RECE	IVED		
FOTAL This Period (Administrative)	······,	, -		
FOTAL This Period (Generic Voter Drive	e)	, -		
TOTAL THIS FERRE (Generic Voter Drive	,	3		
TOTAL This Period (Exempt Activities)		3 3		
TOTAL This Period (Direct Fundraising)		y 3	•	•
	· · ·			
IUTAL This Period (Direct Candidate S	upport)	y 3	•	
TOTAL This Period (Public Communicat	tions Referring Only to Party)	3	,	
		,		
TOTAL This Period (Total Amount Trans	sferred)		3	0,00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 16 OF 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ROBINSON	æ	COLE	FEDERAL	POLITICAL	ACTION	COMMITTEE

		OULICAL	ACITON COM	111166	
Α.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	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	м « о в / у у у Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	, , , ·		2 2	. •	, , .
в.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address	<u>.</u>			Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	. <u></u>			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	- <u></u>			· · · ·
				Category/ Type	M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	3 3		<u>،</u> ،	•	, , ,
Ċ.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address			·· <u></u>	Administrative Fundraising Exempt
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				, , , ·
	Activity or Event Identifier:			Cotogonul	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	, ,,		, ,		, ,
s	UBTOTAL of Allocated Federal and NonFederal	eral Activity Th	nis Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
Т	, , , , , , , , , , , , , , , , , , ,	nly)(Federal st	, , nare to 21(a)(i) and	NonFederal st	nare to 21(a)(ii))
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
					· 000

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

NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	
ROBINSON & COLE FEDERAL POLI	TICAL ACTION COMMITTEE	
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED
	М М / О О / У У У	
		, , ·
BREAKDOWN OF THIS TRANSFER		· · · · · · · · · · · · · · · · · · ·
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vote	er Registration	
		VOTER ID
ii) Voter ID Total Amount Transferred for Vote	er ID	
	, j	; · · GOTV
iii) GOTV	TV	
	· · · · · · · · · · · · · · · · · · ·	, , , GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		Generic Campaign Activity
Total Amount Transferred for Ger	neric Campaign Activity	, , .
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		, , .
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vote	er Registration	
	-	VOTER ID
ii) Voter ID Total Amount Transferred for Vot	er ID	
	3	, . GOTV
iii) GOTV Total Amount Transferred for GO	τν	
		, , GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		
lotal Amount Transferred for Ger	neric Campaign Activity	, , ·
TOTALS FOR B	REAKDOWN OF TRANSFER RECEIVED (I	Last Page Only)
TOTAL This Period (Voter Registration).		
	, , ,	
TOTAL This Period (Voter ID)		
	1	· · · · · · · · · · · · · · · · · · ·
TOTAL This Period (GOTV)		: , .
TOTAL This Period (Generic Campaign	Activity)	ı,,.
		• • •
IUIAL This Period (lotal Amount of Tra	ansfers Received)	······· , , 0 0 0

SBURSEMENTS OF FEDERAL AND LEVIN FUN R ALLOCATED FEDERAL ELECTION ACTIVIT		PAGE 18 OF 21
be used by State, District and Local Party Committees		FOR LINE 30a OF FORM 3X
ME OF COMMITTEE (In Full)		<u>,</u>
ROBINSON & COLE FEDERAL POLITICAL ACTION CON	MITTEE	Type of Allocated Activity or Event:
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Voter Registration GOTV
		Voter ID Generic Campaig
Mailing Address		- Allocated Activity or Event Year-To-Date
City State Zip Code		, , .
Purpose of Disbursement	 Category/	м м / в р / у у у у Date
FEDERAL SHARE + LEVIN S	Type HABE	= TOTAL AMOUNT
		, , , ,
B. Full Name (Last, First, Middle Initial) / Full Organization Name	5 •	Type of Allocated Activity or Event:
b. Tui Mane (Last, First, Midule Milla) / Tui Organization Mane		Voter Registration GOTV
		Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		, , .
Purpose of Disbursement	Category/	мм/рр/үүүү Date
	Туре	
FEDERAL SHARE + LEVIN S	HARE	= TOTAL AMOUNT
y y • y	3 *	s 9 -
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		- , , -
Purpose of Disbursement	4	
	Category/ Type	Date
FEDERAL SHARE + LEVIN S	HARE	= TOTAL AMOUNT
, , , , , ,	, .	, , ·
IBTOTAL of Shared Federal and Levin Activity This Page		
FEDERAL SHARE + LEVIN S	SHARE	= TOTAL AMOUNT
	,	, ,
DTAL This Period (last page for each line only)(Federal share to 30(a)(i) a FEDERAL SHARE	and Levin share to	TOTAL AMOUNT
, , . LEVIN S		, ,
, , LEVINS		, ,

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AV)

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

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

	E OF ACCOUNT						
	· · ·		OLUMN A . THIS PER			LUMN B R-TO-DATE	<u> </u>
•	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)	, ,	3		 ,	ý	,
•	⁶ (b) Unitemized	3	,	•	3	ÿ	
	(c) Total	,	,		,	3	
	OTHER RECEIPTS	· ,	,		3	1	
	TOTAL RECEIPTS	;	,	•	3	;	
	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	,	,		,	,	
	(b) Voter ID	3	,		,	,	
	(c) GOTV	;	,		,	3	
	(d) Generic Campaign	3	,		,	,	
	(e) Total	3	7	•	,	, .	
	OTHER DISBURSEMENTS	,	,		,	,	
	TOTAL DISBURSEMENTS	3	3		 3	,	
	BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	,	3		,	,	
	RECEIPTS (from Line 3)	3	,	•	3	,	
	SUBTOTAL	;	3		,	,	
	DISBURSEMENTS (From Line 6)				· ,	3	
	ENDING CASH ON HAND				,	,	

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

NAME OF COMMITTEE (In Full)

SCHEDULE L-A (FEC Form 3X)			PAGE 20	OF
ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER (check only one)	:1a	Ľ
Any information copied from such Reports and Statements may not I	be sold or used by any perso	n for the purpose of so	liciting contri	butio

ing contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

21

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ROBINSON & COLE FEDERAL POLITICAL ACTION	COMMITTEE	· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
		M HA ./ D D / Y Y Y Y
Mailing Address	<u> </u>	-
		Amount of Each Receipt this Period
City State	Zip Code	
Name of Employer or Principal Place of Business		, , •
		Aggregate Year-to-Date
Occupation		
		, , .
Full Name (Last, First, Middle Initial) / Full Organization Name	- -	Date of Receipt
		4 H / D D / Y Y Y
Mailing Address		-
-		Amount of Each Receipt this Period
City State	Zip Code	
Name of Employer or Principal Place of Business		, , .
Name of Employer of Finispar face of Dusiness		Aggregate Year-to-Date
Occupation		
		3 1
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
		м н / р р / ү ү у у
Mailing Address		_
······································		Amount of Each Receipt this Period
City State	Zip Code	
Name of Employer or Bringing Bloco of Business		, , .
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation	<u> </u>	
		y y .
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
		M M / D D / Y Y Y Y
Mailing Address		-
		Amount of Each Receipt this Period
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Appropriate Year to Date
Occupation	<u> </u>	Aggregate Year-to-Date
	· .	, , , .
		<u> </u>
SUBTOTAL of Receipts This Page (optional)	,	
	▶	, , .
TOTAL This Period (last page this line number only)		00

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

FOR LINE NUMB	ER:	PAC
(check only one)		4a
		4d
		4h

OF 21

15

21

4c

4d

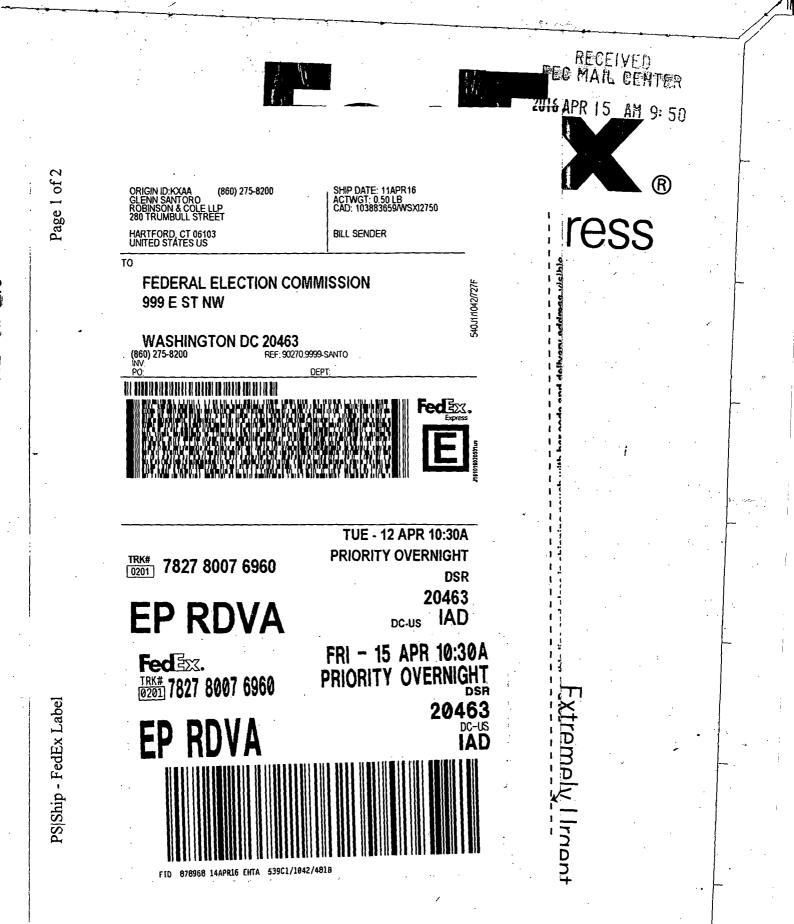
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

 NAME OF COMMITTEE (In Full)

 ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

 Full Name (Last, First, Middle Initial) / Full Organization Name

			Date of Disbursement
Mailing Address		<u> </u>	/3 N; / D D / Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, , , .
Full Name (Last, First, Middle In	nitial) / Full Organization Nar	ne	
			Date of Disbursement
Mailing Address			
City	State ,	Zip Code	Amount of Each Disbursement this Perio
Purpose of Disbursement	······································		, , .
Full Name (Last, First, Middle I	nitial) / Full Organization Nat	ne	
			Date of Disbursement
Mailing Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code	Amount of Each Disbursement this Peric
Purpose of Disbursement	· · ·		y
Full Name (Last, First, Middle I	nitial) / Full Organization Na	me	
Full Name (Last, First, Middle 1		me	Date of Disbursement
Full Name (Last, First, Middle I	nitial) / Full Organization Na	me	
Full Name (Last, First, Middle I	nitial) / Full Organization Na	me Zip Code	Date of Disbursement
Full Name (Last, First, Middle I Mailing Address	nitial) / Full Organization Na		Date of Disbursement
Full Name (Last, First, Middle I Mailing Address City Purpose of Disbursement Full Name (Last, First, Middle I	nitial) / Full Organization Nat	Zip Code	Amount of Each Disbursement this Perio
Full Name (Last, First, Middle I Mailing Address City Purpose of Disbursement Full Name (Last, First, Middle I	nitial) / Full Organization Nat	Zip Code	Date of Disbursement
Full Name (Last, First, Middle I Mailing Address City Purpose of Disbursement Full Name (Last, First, Middle I	nitial) / Full Organization Nat	Zip Code	Date of Disbursement M / D D / Y Y Y Amount of Each Disbursement this Period 3 3 Date of Disbursement
Full Name (Last, First, Middle I Mailing Address City Purpose of Disbursement Full Name (Last, First, Middle I	nitial) / Full Organization Nat	Zip Code	Date of Disbursement M / O D / Y Y Y Y Amount of Each Disbursement this Period 3, , Date of Disbursement M / D D / Y Y Y
Full Name (Last, First, Middle I Mailing Address City Purpose of Disbursement Full Name (Last, First, Middle I Mailing Address	nitial) / Full Organization Nat State nitial) / Full Organization Nat	Zip Code	Date of Disbursement M / D D / Y Y Y Amount of Each Disbursement this Perio 3 3 Date of Disbursement
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