# Robinson+Cole

RECEIVED FEC MAIL CENTER

2017 OCT 13 AM 9: 26

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

#### Via FedEx

October 12, 2017

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

Re: FEC Form 3X for the Reporting Period Ended: September 30, 2017

Ladies and Gentlemen:

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

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

Very truly yours,

Glénn A. Santoro

Enclosure

Robinson & Cole LLP

Cc: David M. Panico

# 2017-10-13-03-00176438

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 OCT 13 AM 9: 26

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	
Robinson & Cole Fede	eral Political Action Co	mmittee		
			1.1.1.1.1.1.1	
ADDRESS (number and street)	280, Trumbul) Street			
Check if different				
than previously reported. (ACC)	Hartford		LGT] [	06103   - 3579
2. FEC IDENTIFICATION N	UMBER ▼ CITY	, <u> </u>	STATE A	ZIP CODE ▲
C 00341321	3. IS RE	THIS NEW PORT (N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	Report Land	May 20 (M5)	imā ma	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	(=-3) (=-3)	20 (M3) Jun 20 (M6) 0 (M4) Jul 20 (M7)	Carl rawa	20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (6	21)		L-3	<u>~</u>
July 15 Quarterly Report (	(c) 12-Day PRE-Election	Cama :	General	(12G) Runoff (12R)
October 15 Quarterly Report (	Report for the:	Convention (12C)	Special (	12S)·
Quarterly Report (i January 31 Year-End Report (i	Florida	on / D D /		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (3	SOR) Special (30S)
Termination Report	Report for the:	MWW / 0 - 0 /	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
5. Covering Period	•	through 09"	/ [ <sup>8</sup> 30 <sup>8</sup> ] /	2017
I certify that I have examined to Type or Print Name of Treasure	Olama A Olama	ny knowledge and belief it is tr	ue, correct and	d complete.
Signature of Treasurer	Flum A Da p		Date 10	12 2017
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to th	ne penalties of 52 U.S.C. § 30109.
Office Use Only				FEC FORM 3X Rev. 12/2004

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Robinson & Cole Federal Political Action Committee

Report Covering the Period:

From:

07 . :

1 :

2017

To:

09

30 🖫

2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Jate
6.	(a) Cash on Hand  January 1,  2017		5,435.61
	(b) Cash on Hand at Beginning of Reporting Period	, 3,455.11	
	(c) Total Receipts (from Line 19)		1,369.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,455.11	7,805.11
7.	Total Disbursements (from Line 31)	, , , , , 0 00	4,350.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,455.11	3,455.11
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	and the second of the second o	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	i materio de la mercia de la composición dela composición de la composición dela composición de la composición de la composición de la com	

#### For further information contact:

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

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

# 2017-10-13-03-00176440

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

#### Robinson & Cole Federal Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		<u> </u>
	(a) Individuals/Persons Other		
	Than Political Committees		4.000.50
	(i) Itemized (use Schedule A)	0.00	1,369.50
	(ii) Unitemized		
	(iii) TOTAL (add	tractions the military inserting the other strains of the section of	
	Lines 11(a)(i) and (ii)▶	0.00	0.00
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	0.00	4.200.50
	Totals to Line 33, page 5)▶	0.00	1,369.50
12.	Transfers From Affiliated/Other		
•	Party Committees		
13.	All Loans Received		
		Control of the Contro	
14.	Loan Repayments Received		
	Offsets To Operating Expenditures		Comment Commen
	(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	ിയുടെ വിധാന് വാധി വിഷ്ട്രായിലോ വിഷ്ട്രം വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായി - ഇട്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വിഷ്ട്രായിൽ വ	
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(a) Non-Federal Account	Control of the Contro	party sa yer ny sary sarangarangan ya saranga.
	(from Schedule H3)	Same to the state of the state	Hammatinen der mit 10a och menet med 20ann fra och met 10annta and
	,		
	(b) Levin Funds (from Schedule H5)	Language de la company de la c	
	(c) Total Transfers (add 18(a) and 18(b))		
	(6) 15(4) 2.15 15(4)		
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	1,369.50
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	0.00	1,369.50

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		Commission of the Commission o
	(ii) Non-Federal Share		
	(b) Other Federal Operating		Complement and Boundary Specific December 18
	Expenditures	Control of Control of Control of State of Control of Co	
	(c) Total Operating Expenditures		
00	(add 21(a)(i), (a)(ii), and (b))▶	22	
22.	Transfers to Affiliated/Other Party		
23.	CommitteesContributions to	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	Federal Candidates/Committees	0 00	4,350.00
	and Other Political Committees	0 00	
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
	· · · · · · · · · · · · · · · · · · ·		
26.	Loan Repayments Made		
27.	Loans MadeRefunds of Contributions To:		A 233 5 4 13 1 3 1 3 1 3 1
20.	(a) Individuals/Persons Other		
	Than Political Committees	Sacrat Count & Counting and Counting and Counting and County and County	have not been addressed to be and bearing to be a supplied to the supplied of
		Control Control System (Special Control Control Control Control Control Control	
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		2
	•		I.
٠.	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
		Franchischer der Seine S	Brook
29.	Other Disbursements		
		be the first of th	Complement of the Complement o
30.	Federal Election Activity (52 U.S.C. § 30101	(20))	* ************************************
	(a) Allocated Federal Election Activity		T.
	(from Schedule H6)	fractions and and are the statement of the statement of	
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
		Sambana Darbos Assistanta di Sambana Sama	
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		4 350 00
	20, 21, 20, 20, 27, 20(0), 25 and 50(0))	0.00	4,350.00
22	Total Federal Disbursements		
JZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		` '
	· · · · · · · · · · · · · · · · · · ·	0.00	4 250 00
	from Line 31)	U U U	4,350.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contribution Operating Expenditu		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than	n loans)	0.00	4.350.00
(from Line 11(d), page 3)		; OO 0 h-ch-allhardheedreedreedreedreedreedree	
34. Total Contribution Refunds			
(from Line 28(d))			
35. Net Contributions (other than			
(subtract Line 34 from Line 3	3)	0 00 k	4,350.00
36. Total Federal Operating Expe			
(add Line 21(a)(i) and Line 2	1(b))▶ }		
37. Offsets to Operating Expendit	\$.032960.4		
(from Line 15, page 3)	1		
38. Net Operating Expenditures	\$_ETTTD _		
(subtract Line 37 from Line 3	6) 🕨	· · · · · · · · · · · · · · · · · · ·	
(Subtract Line 37 from Line 3	Wase S	and the All Doctors (Armid Doctors Constitution of Constitution)	Control State Control

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	<b>EIPTS</b>	;	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 0 OF 21
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statements ma	v not be sold or used by any pe	
or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)		
Robinson & Cole Federal Political Action	n Committee	
Full Name (Last, First, Middle Initial)	•	Date of Bossist
A. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		Amount of Each recept this vertoo
Name of Employer Occupation		Memo Item
	Year-to-Date ♥	
Full Name (Last, First, Middle Initial)		Date of Bassist
Mailing Address	Date of Receipt	
City State	Lastine Stratore Specialist Control	
federal political committee.	anga interpretasion productiva de la companya de l Section de la companya	Amount of Each Receipt this Period  Memo Item
Name of Employer Occupation		T Nemo item
Primary General	Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	
C. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupation		Memo Item
	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		0.00
TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	0.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PA	GE 7 C	)F21
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	<u> </u>			
	Detailed Summary Page	21b 27	22 28a	23 24 28b 28c	25	26 30b
Any information copied from such Reports and Statem	ents may not be sold or used	<del></del>		<del> </del>		<u> </u>
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contrib	utions from suc	h ccmmitte	ee.
NAME OF COMMITTEE (In Full)						
Robinson & Cole Federal Political	Action Committee					
Full Name (Last, First, Middle Initial)  A.			Data of Dia	h		
· · · · · · · · · · · · · · · · · · ·			Date of Dis	oursement	or and an election of	¥.42.*
Mailing Address						
City S	tate Zip Code					
Purpose of Disbursement	į.					
Candidate Name		Category/	Amount of	Each Disburse	ment this F	eriod
Office Sought:   House   Disbursem	ont For:	Туре		97 <u>-2-2</u> 9		لحتما
Senate	Primary ☐ General  Other (specify) ▼		Memo	Item		
State: District:	Other (specify) •					
Full Name (Last, First, Middle Initial)					•	
B			Date of Dis	bursement		
Mailing Address			MVN /	0.00		V
City · S	tate Zip Code					
Purpose of Disbursement					ı	
Candidate Name				Each Disburse	ment this F	eriod
Canbidate Name		Category/ Type		.جرکال		
Office Sought: House Disbursem	ent For:	1,100	Memo			
i	Primary General		rad Mellio	item		
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)				<del></del>		
c.			Date of Dis	bursement		
AA-ili			FM SM /	10-07/1		ΨŢ
Mailing Address			lands-1		<b>வி</b> ண்ணிரண்கிர	
City	tate Zip Code			•		
Purpose of Disbursement						
Carlida Nasa			Amount of	Each Disburse	ment this F	Period
Candidate Name		Category/ Type		de de sales	milionesis suceria	
Office Sought: House Disbursem	ent For:					
	Primary General		Memo	Item		
State: District:	Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)				Ç. —Ç——Ç. —Ç.	opes, az	
TOTAL This Period (last page this line number only).		<b>)</b>	i wilanda	desidente de	ومحمد المعادرة	0.00

# SCHEDULE C (FEC Form 3X)

			T X X X X X X X X X X X X X X X X X X X
OANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 21  FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		Detailed Sullimary Fage	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Robinson & Cole Federal Politic	al Action Committee	2	
LOAN SOURCE Full Name (Last, First, M	Aiddle Initial)	Memo Item	lection: Primary General
Mailing Address			Other (specify) ▼
City	State ZIP Co	<del></del>	
Original Amount of Loan	Cumulative Payment To		Outstanding at Close of This Period
Heads of the Observation of the Section Co.		2.40.22.44	
TERMS Date Incurred	Date Due	Interest Rate	Secured:
Man Loud 1 Land Land	7 mm/ / 70 mm/ / 70 mm/		% (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	
			an gan ngar agamaga ang an singan agaman y
City State	ZIP Code	Guaranteed Outstanding:	and and the state of
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
			معتاب مالده أنجيمته والجوا
City State	ZIP Code	Guaranteed 1: Outstanding: Section 1:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount []	manager grand and a special and
City State	ZIP Code	Guaranteed () Outstanding:	outhweight all to the fill a limit to
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	magnetic and magnetic constitution of the second
City State	ZIP Code	Guaranteed Outstanding:	- Car Carles Carles Carles
SUBTOTALS This Period This Page (optional		E reference :	The light of the Company of the Comp
TOTALS This Period (last page in this line o			0.00 )  ##################################
Carry outstanding balance only to LINE 3, 5	schedule D, for this line. If	no Schedule D, carry forward	d 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 \_\_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER		
Robinson & Cole Federal Political Action Committee C 00341321				
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full Name	Sometiment of the state of the second of the	or any large species of		
	is entire after the second with the fire of the	"		
Mailing Address		"M" 4"M" / ["6" 4" 6"] / ["7" 4" 4" 4" 4" 4" 4" 4" 4" 4" 4" 4" 4" 4"		
	Date Incurred or Established	has been been and		
City State Zip Code	Date Due	MAN A LOLLO, A LANGE AND A		
A. Has loan been restructured? No Yes	If yes, date originally incurred	MTM7/ 0 - 07 / 78 - Y - Y - Y - Y - Y - Y - Y - Y - Y -		
B. If line of credit,	Total			
Amount of this Draw:	Outstanding Balance:	miles of the transfer to the second to the second		
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the I property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	hat is the value of this collateral?		
No Yes If yes, specify:	Ł.	for two to 20 hours and a 12 hours and a 12 hours of the control o		
		oes the lender have a perfected security terest in it? No Yes		
E. Are any future contributions or future receipts of intere		terest in it?   No   Yes   Yes   No   Yes   Yes		
collateral for the loan? No Yes If yes, s		The trib contracted value.  The trib contract and the trib contract and the contract and th		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established:	Address:			
MINNY / TO - DO / MY TY TY TY	City, State, Zip:			
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	is pledged for this loan, or if the am was made and the basis on which	nount pledged does not equal or exceed it assures repayment.		
O OLANTIES TOSAGUESO				
G. COMMITTEE TREASURER Typed Name	·	DATE		
Signature		MANA MORDEN ALAMANA		
H. Attach a signed copy of the loan agreement.				
TO BE SIGNED BY THE LENDING INSTITUTION:     To the best of this institution's knowledge, the te	erms of the loan and other informat	ion regarding the extensior of the loan		
are accurate as stated above.  II. The loan was made on terms and conditions (in	cluding interest rate) no more favor	rable at the time than those imposed for		
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	a loan must be made on a basis w	which assures repayment, and has		
AUTHORIZED REPRESENTATIVE	7.11 100.02 and 100.142 iii iilakiiig	DATE		
Typed Name		(M + M) ( / Po + b ) / ( Ph V - b - v )		
Signature Tit	tle	Land by Charles		

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

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

x	cluding Loans		1	or each pered line)	(check only one)	-	9 10	
NA	ME OF COMMITTEE (In Full)						• • • • • •	
	Robinson & Cole Federal Politica	al Action Committee						
	A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of D	ebt (Purpose):			•
	Mailing Address							
	City State	Zip Code						
					· · · · · · · · · · · · · · · · · · ·			
	Outstanding Balance Beginning This Period			•				
	Amount Incurred This Period	Payment This Period			ng Balance at Close of			
						•		
			************			73	K.S.J.W.J	
	B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of D	ebt (Purpose):			
		•						
	Mailing Address							
٠	City. State	Zip Code				•	•	
	ony.	2.6 0000						
	Outstanding Balance Beginning This Period		•	,	•			
		D (T) D (1)		<b>.</b>			<b>.</b>	
	Amount Incurred This Period	Payment This Period	was (rec)	Outstandir	ng Balance at Close of	Ihis ⊡	Period	
			2-1-1					
	C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of D	ebt (Purpose):			•
					, , , , , , , , , , , , , , , , , , , ,			
	Add War Add and							
	Mailing Address							
	City	State Zip Code						
					<del></del>			_
	Outstanding Balance Beginning This Period							
	മുള്ള അമ്മാന് പ്രവിശാന് വിവര്ക്കുന്നു. Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of	This	Period	
			ومستقتي 1996 إن					
		1-2-1-12-12-12-12-12-12-12-12-12-12-12-1			للمعتدما للتماليد فليدالك	* : <u>* * * *</u>		
				p-a-a	walawalawalawa lawali awal	AND A	-J~-jj	•
1)	SUBTOTALS This Period This Page (optional).		▶	<u> </u>		1	)	
21	TOTALS This Devied (last page this line growth	or only)				***************************************		
(2	TOTALS This Period (last page this line number	c: orny)	···· <b>&gt;</b>		ڞڂڴۻڴڞڟڰۻڰڿڰ ڝڝڿڝڝڛڝڛڝ		الحث	
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	▶					
<i>A</i> 1	ADD 2) and 2) and gazzy familiard to accession	a line of Summany Base (leat access	alul 🏲		<del>adradi</del> adasésé, sed		.00	
41	ADD 2) and 3) and carry forward to appropriat	e iine di bummary pade (last dade di	(IVI) 📂	B				

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

TEMPLE MADE ENDERY EXPENDITIONS	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Fuli)	FEC IDENTIFICATION NUMBER ▼
Robinson & Cole Federal Political Action Committee	C) 0034132
Check if 24-hour report 48-hour report New report Amends report filed	d on the second
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	gan altera it was a nach seen and assess and alternative of
Purpose of Expenditure  Category/ Type	Date of Disbursement or Cibligation
Mary of Federal Condition	ee Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	is which the Destroy of the Atlantic
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Offic	ce Sought: House District: President Senate , State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary · General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	The state of the s
(b) SUBTOTAL of Unitemized Independent Expenditures	The second of th
(c) TOTAL Independent Expenditures	The control of the co
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature	THE PROPERTY OF THE PROPERTY O

# 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

ON BEHALF OF CANDIDATES FOR FED	ERAL OFFICE	PAGE 12 OF 21
(To be used only	by Political Committees in the Gene	ral Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) Robinson & Cole Federal Political Acti	on Committee	Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee?  YES NO		
If YES, name the designating committee:	Mailing Address  City	State ZIP Code
		State
Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address	☐ Memo Item	Purpose of Expenditure  Category/ Type
		Date
City State	Zip Code	WINT / FOREN / PROPERTY
Name of Federal Candidate Supported Office Sough	ht: House State: District: Presidential	Amount
Expenditive for this Candidate	Same of the standard of the standard	n i Maria de la Companya de la Comp
Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address	☐ Memo Item	Purpose of Expenditure  Category/ Type
Maining / touress		Date
City State	Zip Code	(A.S.) / (B.S.) / (T.S.)
Name of Federal Candidate Supported Office Sough	ht: House State: District: Presidential	Amount
Aggregate General Election	సామ్మణాల్స్ మైనవ్యాయా క్రామ్మం (ఇద్దు ములోను కని ఉద్యాయికు కని యుమ్మణాన్	Preside with editional time It in 192 with equition 12 hand seed
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure  Category/
Mailing Address		Date Type
City State	Zip Code	Med 1 2000 1 Lock 2000
Name of Federal Candidate Supported Office Sough	nt: House State: District: Presidential	Amount
Aggregate General Election Expenditure for this Candidate		
SUBTOTAL of Expenditures This Page (optional)	<b></b>	
TOTAL This Period (last page this line number only)	•	0.00

#### METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Robinson & Cole Federal Political Action Committee
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check 🗓
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) PAGE 14 **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) Robinson & Cole Federal Political Action Committee 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 ac-

federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: Revised Same as Previously Reported New ACTIVITY OR EVENT IDENTIFIER NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % **ACTIVITY IS:** Direct Candidate Support Fundraising CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: . Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported

tivity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both

OF 21

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

PAGE 15 OF 21 FOR LINE 18a OF FORM 3X

Robinson & Cole Federal Political	Action Committee	
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iv) Direct Fundraising (List Activity or Event I	dentifier)	
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v) Direct Candidate Support (List Activity or	Event Identifier)	
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vi) Public Communications Referring Only t	o Party (Made by PAC)	
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TOTAL This Period (Public Communications Referri	ng Only to Party)	
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#### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 16 DF 21 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
Robinson & Cole Federal Political Action Committee

R				
<b>A</b> .	Full Name (Last, First, Middle Initial)		☐ Memo Item	Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		J	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		Category/	[MUN] / 55050 / 500 P. P. P. P.
			Type	Date
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B.	Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:
	Mailing Address	<del></del>		Administrative Fundraising Exempt
				Voter Drive Direct Candidate Support
	City	State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			Allocated Activity or Event Year-To-Date
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	Activity or Event Identifier:		Category/ Type	Date
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c.	FEDERAL SHARE	H NONFEDERA	April 2 - 2 - 4 Mar.	TOTAL AMOUNT  Allocated Activity or Event:
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c.	Full Name (Last, First, Middle Initial)	ره م <del>وس</del> ون را هر ه ا		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Cancidate Support  Public Comm (ref to party only) by PAC
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#### 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 185 OF FORM 3X

		FOR LINE 163 OF FORM 3X
NAME OF COMMITTEE (In Full)		
Robinson & Cole Federal P	colitical Action Committee	
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# SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE 18 OF 21
FOR LINE 30a OF FORM 3X

IAME OF COMMITTEE # 5-40		
IAME OF COMMITTEE (In Full)		
Robinson & Cole Federal Political Action Committee		
A. Full Name (Last, First, Middle Initial) / Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event:
	!	Voter Registration GOTV Voter ID Ger eric Campaign
		Ger end Campaign
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# SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

Page 19 of 21

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# SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s) for each category of the

PAGE 20 OF 21

ITEMIZED RECEIPTS OF LEVIN FUNDS FOR LINE NUMBER: 2 Aggregation Page (check only one) 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) / Full Organization Name Date of Receipt Memo Item Mailing Address Amount of Each Receipt this Feriod City State Zip Code ఆరోజులోకిని జ**ిడ్డిం**లోకిండేకిస్పింది. Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Receipt В. Mailing Address Amount of Each Receipt this Feriod 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 Memo Item C. Mailing Address Amount of Each Receipt this Feriod City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation - North Control 1879 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Memo Item D. Mailing Address Amount of Each Receipt this Feriod City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... 0.00 TOTAL This Period (last page this line number only).....

# SCHEDULE L-B (FEC Form 3X)

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