

**FEC  
FORM 3X**

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

RECEIVED

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FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

Check if different than previously reported. (ACC)

1280 TRUMBULL ST  
C/O S. FRANK D'ERCOLE  
HARTFORD CT 06103-1

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00341321

3. IS THIS REPORT X 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)  
X 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 M M / D D / Y Y Y Y in the State of

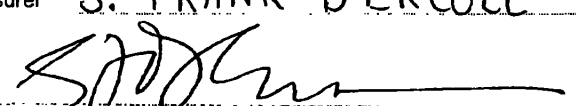
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)  
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 11 ' 29 ' 2012 through 12 ' 31 ' 2012

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

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

Signature of Treasurer



Date 01 ' 30 ' 2013

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

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FEC FORM 3X  
Rev. 12/2004

1303102446

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ROBINSON & COLE FEDERAL PAC

Report Covering the Period:

From: 11 ' 29 ' 2012

To: 12 ' 31 ' 2012

13031024447

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		6,765.61
(b) Cash on Hand at Beginning of Reporting Period.....	5,332.61	
(c) Total Receipts (from Line 19).....	1,219.50	8,786.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6,552.11	15,552.11
7. Total Disbursements (from Line 31).....	0.00	9,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,552.11	6,552.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ROBINSON & COLE FEDERAL PAC**

Report Covering the Period:

From: <sup>M</sup> 11 <sup>D</sup> 29 <sup>Y</sup> 2012

To: <sup>M</sup> 12 <sup>D</sup> 31 <sup>Y</sup> 2012

13031024448

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).....	1,057.50	3,112.50
(ii) Unitemized .....	162.00	5,674.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,219.50	8,786.50
(b) Political Party Committees .....	.	.
(c) Other Political Committees (such as PACs).....	.	.
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1,219.50	8,786.50
12. Transfers From Affiliated/Other Party Committees.....	.	.
13. All Loans Received.....	.	.
14. Loan Repayments Received.....	.	.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	.	.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	.	.
17. Other Federal Receipts (Dividends, Interest, etc.).....	.	.
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.	.
(b) Levin Funds (from Schedule H5) .....	.	.
(c) Total Transfers (add 18(a) and 18(b))..	.	.
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,219.50	8,786.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,219.50	8,786.50

**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 .....	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures .....	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	,	,
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
24. Independent Expenditures (use Schedule E) .....	,	,
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	,	,
(b) Political Party Committees .....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,
29. Other Disbursements .....	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	,	,
(ii) "Levin" Share.....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds .....	,	,
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	,	,
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	,	,

.00

9,000.00

.00

9,000.00

1303102449

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	, 1,219.50	, 8,786.50
34. Total Contribution Refunds (from Line 28(d)) .....	, , 0.00	, , 0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 1,219.50	, 8,786.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, , 0.00	, , 0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, , 0.00	, , 0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, , 0.00	, , 0.00

13031024450

**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 6 OF 28			
	X 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

Any information copies 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)  
Rebinson & Cole Federal PAC

**A. Bates, Timothy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 65 Front Street  
 City State Zip Code  
 Noank CT 06340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rebinson & Cole LLP Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
 1 2 2 4 2 0 1 2  
 Amount of Each Receipt this Period  
 5 0 0 0

**B. Coulom Jr., Frank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 119 Lawlor Road  
 City State Zip Code  
 Tolland CT 06084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rebinson & Cole LLP Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
 1 2 2 4 2 0 1 2  
 Amount of Each Receipt this Period  
 5 0 0 0

**C. Dale, Eric J.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 140 Fair Oak Drive  
 City State Zip Code  
 Fairfield CT 06824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rebinson & Cole LLP Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
 1 2 2 4 2 0 1 2  
 Amount of Each Receipt this Period  
 5 0 0 0

**SUBTOTAL** of Receipts This Page (optional) ..... ▶  
**TOTAL** This Period (last page this line number only) ..... ▶

**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 7 OF 28
	X 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

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

**A.** Daniels, Eric D.  
Full Name (Last, First, Middle Initial)

Mailing Address  
112 Quail Run

City State Zip Code  
Glastonbury CT 06033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
5 0 0 0

**B.** Elbaum, Steven  
Full Name (Last, First, Middle Initial)

Mailing Address  
51 Tudor Lane

City State Zip Code  
Trumbull CT 06611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
5 0 0 0

**C.** Elkow, Pamela K  
Full Name (Last, First, Middle Initial)

Mailing Address  
253 West Mountain Road

City State Zip Code  
Ridgefield CT 06877

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
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NAME OF COMMITTEE (In Full)  
Robinson & Cole Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Hanson, Stephen P.

Mailing Address  
424 West End Avenue, Apt. #5E

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼   3 5 0 0 0

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
5 0 0 0

**B.** Full Name (Last, First, Middle Initial)  
Heffernan, Lawrence P.

Mailing Address  
36 Aletha Road

City State Zip Code  
Needham MA 02192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole, LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼   2 6 2 5 0

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
3 7 5 0

**C.** Full Name (Last, First, Middle Initial)  
Kehoe, Christopher E.

Mailing Address  
80 Elm Street

City State Zip Code  
Hingham MA 02043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼   3 5 0 0 0

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
5 0 0 0

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1 3 7 5 0

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13031024453



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ITEMIZED RECEIPTS**

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 13  14  15  16  17

PAGE 9 OF 28

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

Full Name (Last, First, Middle Initial)

A. Lacouture, Peter V.

Mailing Address  
75 Summit Road

City State Zip Code  
Exeter RI 02822

FEC ID number of contributing  
federal political committee.

C [REDACTED]

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
[REDACTED] 3 5 0 0 0

Date of Receipt

1 2 2 4 2 0 1 2

Amount of Each Receipt this Period

[REDACTED] 5 0 0 0

Full Name (Last, First, Middle Initial)

B. Lynch, Jr., John B.

Mailing Address  
15 Clpve Hill

City State Zip Code  
Wethersfield CT 06109

FEC ID number of contributing  
federal political committee.

C [REDACTED]

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
[REDACTED] 3 5 0 0 0

Date of Receipt

1 2 2 4 2 0 1 2

Amount of Each Receipt this Period

[REDACTED] 5 0 0 0

Full Name (Last, First, Middle Initial)

C. Maglio, Michael F.

Mailing Address  
35 Leigh Gate Road

City State Zip Code  
Glastonbury CT 06033

FEC ID number of contributing  
federal political committee.

C [REDACTED]

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
[REDACTED] 2 8 0 0 0

Date of Receipt

1 2 2 4 2 0 1 2

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional) ▶

[REDACTED] 1 4 0 0 0

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[REDACTED]

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PAGE 10 OF 28

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

**A.** Full Name (Last, First, Middle Initial)  
Melvin, Robert S.

Mailing Address  
23 Watson Drive

City State Zip Code  
West Simsbury CT 06092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3 5 0 0 0

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
5 0 0 0

**B.** Full Name (Last, First, Middle Initial)  
Merriam, Dwight H.

Mailing Address  
8 Latimer Lane

City State Zip Code  
Weatogue CT 06089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3 5 0 0 0

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
5 0 0 0

**C.** Full Name (Last, First, Middle Initial)  
Panico, David

Mailing Address  
95 Stony Corners Circle

City State Zip Code  
Avon CT 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robinson & Cole LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3 5 0 0 0

Date of Receipt  
1 2 2 4 2 0 1 2

Amount of Each Receipt this Period  
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13031024455

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Robinson & Cole Federal PAC

Full Name (Last, First, Middle Initial)

**A. Raabe, Craig, A.**

Mailing Address  
446 Bell Street

City State Zip Code  
Glastonbury CT 06033

FEC ID number of contributing  
federal political committee.

C [REDACTED]

Name of Employer

Robinson & Cole LLP

Receipt For:

Primary  General  
 Other (specify) ▼

Occupation

Attorney

Aggregate Year-to-Date ▼

[REDACTED], 3 5 0 0 0

Date of Receipt

1 2 2 4 2 0 1 2

Amount of Each Receipt this Period

[REDACTED], 5 0 0 0

Full Name (Last, First, Middle Initial)

**B. Santoro, Glenn**

Mailing Address  
26 Wyndham Lane

City State Zip Code  
Farmington CT 06032

FEC ID number of contributing  
federal political committee.

C [REDACTED]

Name of Employer

Robinson & Cole LLP

Receipt For:

Primary  General  
 Other (specify) ▼

Occupation

Attorney

Aggregate Year-to-Date ▼

[REDACTED], 3 5 0 0 0

Date of Receipt

1 2 2 4 2 0 1 2

Amount of Each Receipt this Period

[REDACTED], 5 0 0 0

Full Name (Last, First, Middle Initial)

**C. Scheib, Jacqueline Pennino**

Mailing Address  
32 Arundel Avenue

City State Zip Code  
West Hartford CT 06107

FEC ID number of contributing  
federal political committee.

C [REDACTED]

Name of Employer

Robinson & Cole LLP

Receipt For:

Primary  General  
 Other (specify) ▼

Occupation

Attorney

Aggregate Year-to-Date ▼

[REDACTED], 2 1 0 0 0

Date of Receipt

1 2 2 4 2 0 1 2

Amount of Each Receipt this Period

[REDACTED], 3 0 0 0

SUBTOTAL of Receipts This Page (optional) ▶

[REDACTED], 1 3 0 0 0

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

[REDACTED]

13031024456

**SCHEDULE A (FEC Form 3X)  
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	X 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Smith, Brian R.</b>		Date of Receipt 1 2 2 4 2 0 1 2
Mailing Address 212 Sunset Drive		Amount of Each Receipt this Period 5 0 0 0
City Glastonbury	State CT	
FEC ID number of contributing federal political committee. C		
Name of Employer Robinson & Cole LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 5 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. Tobin, Rhonda</b>		Date of Receipt 1 2 2 4 2 0 1 2
Mailing Address Four Anja Drive		Amount of Each Receipt this Period 5 0 0 0
City Simsbury	State CT	
FEC ID number of contributing federal political committee. C		
Name of Employer Robinson & Cole LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 5 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. Tucci, Theodore J.</b>		Date of Receipt 1 2 2 4 2 0 1 2
Mailing Address 84 Westerly Terrace		Amount of Each Receipt this Period 5 0 0 0
City Hartford	State CT	
FEC ID number of contributing federal political committee. C		
Name of Employer Robinson & Cole LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 5 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1 5 0 0 0
<b>TOTAL</b> This Period (last page this line number only) .....	

13031024457

**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)

X 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)

A. Varga, Gregory P.

Mailing Address  
134 Great Pond Road

City State Zip Code  
South Glastonbury CT 06073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robinson & Cole LLP

Occupation

Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 5 0 0 0

Date of Receipt

1 2 2 4 2 0 1 2

Amount of Each Receipt this Period

5 0 0 0

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robinson & Cole LLP

Occupation

Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robinson & Cole LLP

Occupation

Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

5 0 0 0

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

13031024458

**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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , 0 - 00

13031024459

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE <u>15</u> OF <u>28</u>
	FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	
Original Amount of Loan	Cumulative Payment To Date
	Balance Outstanding at Close of This Period

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	, , .
<b>TOTALS</b> This Period (last page in this line only)..... ▶	, , <b>0.00</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

13031024460

pg 16 of 28

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC
FEC IDENTIFICATION NUMBER
C 00341321

LENDING INSTITUTION (LENDER)
Full Name
Amount of Loan
Interest Rate (APR) %

Mailing Address
Date Incurred or Established
City State Zip Code
Date Due

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

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

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

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

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

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
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
Typed Name
Signature
DATE

H. Attach a signed copy of the loan agreement.

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

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title
DATE

13031024461



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

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

13031024462

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) ▶	, , 0.00



**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 19 OF 28  
 FOR LINE 25 OF FORM 3X

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

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> 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	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	

SUBTOTAL of Expenditures This Page (optional).....▶		
TOTAL This Period (last page this line number only).....▶		0.00

13031024464

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)

13031024465

NAME OF COMMITTEE (In Full)  
ROBINSON & COLE, FEDERAL PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **OR**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

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

**ALLOCATION RATIOS**

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

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

13031024466

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %

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

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

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , .

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....		, , .
ii) Generic Voter Drive .....		, , .
iii) Exempt Activities.....		, , .
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Fundraising .....		, , .
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Candidate Support.....		, , .
vi) Public Communications Referring Only to Party (Made by PAC) .....		, , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....		, , .
TOTAL This Period (Generic Voter Drive) .....		, , .
TOTAL This Period (Exempt Activities) .....		, , .
TOTAL This Period (Direct Fundraising) .....		, , .
TOTAL This Period (Direct Candidate Support) .....		, , .
TOTAL This Period (Public Communications Referring Only to Party) .....		, , .
TOTAL This Period (Total Amount Transferred).....		, , <b>0.00</b>

13031024467

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
ROBINSON & COLE FEDERAL PAC

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Category/ Type	, , .	
Activity or Event Identifier:			Date M M / D D / Y Y Y Y	
FEDERAL SHARE		+	NONFEDERAL SHARE = TOTAL AMOUNT	
, , .			, , .	

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Category/ Type	, , .	
Activity or Event Identifier:			Date M M / D D / Y Y Y Y	
FEDERAL SHARE		+	NONFEDERAL SHARE = TOTAL AMOUNT	
, , .			, , .	

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Category/ Type	, , .	
Activity or Event Identifier:			Date M M / D D / Y Y Y Y	
FEDERAL SHARE		+	NONFEDERAL SHARE = TOTAL AMOUNT	
, , .			, , .	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page  
 FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))  
 FEDERAL SHARE      NONFEDERAL SHARE      TOTAL AMOUNT

0.00

13031024468

**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 24 OF 28  
FOR LINE 18b OF FORM 3X

13031024469

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

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
<b>i) Voter Registration</b> Total Amount Transferred for Voter Registration.....				
<b>ii) Voter ID</b> Total Amount Transferred for Voter ID.....				
<b>iii) GOTV</b> Total Amount Transferred for GOTV.....				
<b>iv) Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity.....				

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
<b>i) Voter Registration</b> Total Amount Transferred for Voter Registration.....				
<b>ii) Voter ID</b> Total Amount Transferred for Voter ID.....				
<b>iii) GOTV</b> Total Amount Transferred for GOTV.....				
<b>iv) Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity.....				

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....				
TOTAL This Period (Voter ID).....				
TOTAL This Period (GOTV).....				
TOTAL This Period (Generic Campaign Activity).....				
TOTAL This Period (Total Amount of Transfers Received).....				0.00



**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)

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

13031024470

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

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

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

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
			0.00
TOTAL This Period for the Levin Share			

Pg 26 of 28

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

NAME OF COMMITTEE (In Full) <b>ROBINSON &amp; COLE FEDERAL PAC</b>
NAME OF ACCOUNT

13031024471

	COLUMN A TOTAL THIS PERIOD		COLUMN B YEAR-TO-DATE	
<b>1. RECEIPTS FROM PERSONS</b>				
(a) Itemized ..... (Use Schedule L-A)	,	,	,	.
(b) Unitemized .....	,	,	,	.
(c) Total .....	,	,	,	.
<b>2. OTHER RECEIPTS .....</b>	,	,	,	.
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)	,	,	,	.
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)				
(a) Voter Registration .....	,	,	,	.
(b) Voter ID .....	,	,	,	.
(c) GOTV .....	,	,	,	.
(d) Generic Campaign .....	,	,	,	.
(e) Total .....	,	,	,	.
<b>5. OTHER DISBURSEMENTS .....</b>	,	,	,	.
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)	,	,	,	.
<b>7. BEGINNING CASH ON HAND .....</b> (for Column B, use cash as of January 1st)	,	,	,	.
<b>8. RECEIPTS .....</b> (from Line 3)	,	,	,	.
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)	,	,	,	.
<b>10. DISBURSEMENTS .....</b> (From Line 6)	,	,	,	.
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)	,	,	,	.

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

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

PAGE 27 OF 28

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

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NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL PAC

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

Date of Receipt

M M / D D / Y Y Y Y

A.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

M M / D D / Y Y Y Y

B.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

M M / D D / Y Y Y Y

C.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

M M / D D / Y Y Y Y

D.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

, , .

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

, , 0.00

13031024472

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

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

FOR LINE NUMBER: PAGE 28 OF 28  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL PAC

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period  , , .
City	State	Zip Code	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			
<b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period  , , .
City	State	Zip Code	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			
<b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period  , , .
City	State	Zip Code	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			
<b>D.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period  , , .
City	State	Zip Code	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			
<b>E.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period  , , .
City	State	Zip Code	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			

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

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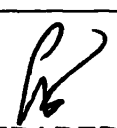
**TOTAL** This Period (last page this line number only)..... ▶

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