

RECEIVED  
FEB 1 11 48  
Office Use Only

# FEC FORM 3X

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

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

ADDRESS (number and street) **200 IRMINDALE STREET**  
CITY **HARTFORD** STATE **CT** ZIP CODE **06103**  
Check if different than previously reported. (ACC)

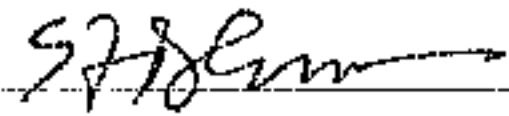
2. FEC IDENTIFICATION NUMBER **004341321** CITY STATE ZIP CODE  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Monthly Report Due On:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
		<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)
	(c) 12-Day PRE-Election Report for the:	<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)	
		<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)		
		Election on _____ in the State of _____			
	(d) 30-Day POST-Election Report for the:	<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)	
		Election on _____ in the State of _____			

5. Covering Period **11/26/2002** through **12/31/2002**

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 21 2003**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form SX (Revised 1/01)

Page 2

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 11/23/2002 TO: 11/23/2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>\$16839</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>184238</u>	
(c) Total Receipts (from Line 19)	<u>0.00</u>	<u>612400</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>184238</u>	<u>1829238</u>
7. Total Disbursements (from Line 30)	<u>180000</u>	<u>645800</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>64238</u>	<u>64238</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 10)

**For further information contact:**  
  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20469  
  
 Toll Free 800-424-9530  
 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 2X (Revised 1/03)

Page 3

Write or Type Committee Name

PERMANENT & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

11/26/2002

To:

12/31/2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	0.00	6,124.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	0.00	6,124.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	0.00	6,124.00
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	0.00	6,124.00

**DETAILED SUMMARY PAGE**  
of Disbursements

ii. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliates/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,045.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 6441a(a)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	1,000.00	1,045.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	1,000.00	1,045.00
<b>iii. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	6,124.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	6,124.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 5 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a 18	<input type="checkbox"/> 11b 19	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
---	------------------------------------	------------------------------------	-----------------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10/15/08

Amount of Each Receipt this Period

100.00

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10/15/08

Amount of Each Receipt this Period

100.00

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10/15/08

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

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

100.00  
200.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 6 OF 16

<input type="checkbox"/> 21a	<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"/> 29a	<input type="checkbox"/> 29
------------------------------	-----------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------------	------------------------------	------------------------------	-----------------------------

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

NAME OF COMMITTEE (in Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.**

Full Name (Last, First, Middle Initial): FRIENDS OF CHUCK DODD

Mailing Address: P.O. Box 270721

City: WEST HARTFORD, CT State: CT Zip Code: 06127

Purpose of Disbursement: CONTRIBUTION

Candidate Name: CHRISTOPHER J. DODD

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CT District:

Date of Disbursement

12 / 02 / 2002

Amount of Each Disbursement this Period

1,000.00

**B.**

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

1,000.00  
1,000.00

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

**LOANS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 17 OF 16  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

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

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured
10/15/08	10/15/09	7.25%	<input type="checkbox"/> Yes <input checked="" 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

SUBTOTALS This Period This Page (optional) 0.00

TOTALS This Period (last page in this line only) 0.00

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

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

Supplemental for  
 Information found on  
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>ROBINSON &amp; COE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>000341321</b>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <b>0.00</b>	Interest Rate (APR) <b>0%</b>
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

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

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

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

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

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

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B).  
 Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

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

G. COMMITTEE TREASURER  
 Typed Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature: \_\_\_\_\_

H. Attach a signed copy of the loan agreement.  
 I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 i. To the best of the 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 for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE  
 Typed Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 16
	FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (or Fund)  
**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

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

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

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule D (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 16  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full): **ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**  
FEC IDENTIFICATION NUMBER: **C100391321**

Full Name (Last, First, Middle Initial) of Payee: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Name of Federal Candidate supported or opposed by expenditure: \_\_\_\_\_  
Office Sought:  House  Senate  Presidential  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Check One:  Support  Oppose

Full Name (Last, First, Middle Initial) of Payee: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Name of Federal Candidate supported or opposed by expenditure: \_\_\_\_\_  
Office Sought:  House  Senate  Presidential  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Check One:  Support  Oppose

Full Name (Last, First, Middle Initial) of Payee: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Name of Federal Candidate supported or opposed by expenditure: \_\_\_\_\_  
Office Sought:  House  Senate  Presidential  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Check One:  Support  Oppose

(a) SUBTOTAL of Itemized Independent Expenditures: \_\_\_\_\_  
(b) SUBTOTAL of Unitemized Independent Expenditures: \_\_\_\_\_  
(c) TOTAL Independent Expenditures: \_\_\_\_\_

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign material prepared by the candidate, his campaign committee, or their agent.  
Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2008.  
My Commission expires: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
NOTARY PUBLIC

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

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 11 OF 16  
FOR LINE 25 OF FORM 3X

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

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO

If YES, name the designating committee:

Full Name of Subordinate Committee  
 Mailing Address  
 City State ZIP Code

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

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

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

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

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

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE (in Full)

*DEMOCRAT & COE FEDERAL POLITICAL ACTION COMMITTEE*

USE ONLY ONE SECTION

**A. NATIONAL PARTY COMMITTEES**

**FIXED FEDERAL PERCENTAGE** (Check the appropriate line and enter % in box to right) .....

Presidential Year (85%) .....

All Other Years (80%) .....

**B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

**MINIMUM FEDERAL PERCENTAGE (85%)** (If checked, enter 85% in box to right) .....

OR

**FUNDS EXPENDED:**

- Estimated Direct Candidate Support -- Federal .....
- Estimated Direct Candidate Support -- Non-Federal .....

**ADJUSTMENTS TO FUNDS EXPENDED:**

- Actual Direct Candidate Support -- Federal .....
- Actual Direct Candidate Support -- Non-Federal .....

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

**C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES**

**FUNDS EXPENDED:**

- Estimated Direct Candidate Support -- Federal .....
- Estimated Direct Candidate Support -- Non-Federal .....

**ADJUSTMENTS TO FUNDS EXPENDED:**

- Actual Direct Candidate Support -- Federal .....
- Actual Direct Candidate Support -- Non-Federal .....

**D. STATE AND LOCAL PARTY COMMITTEES**

**BALLOT COMPOSITION**

Check all Offices appearing on the next General Election Ballot:

		NUMBER OF POINTS
1. President .....	<input checked="" type="checkbox"/> (1 Point) .....	
2. U.S. Senate .....	<input checked="" type="checkbox"/> (1 Point) .....	
3. U.S. Congress .....	<input checked="" type="checkbox"/> (1 Point) .....	
4. SUBTOTAL -- Federal (ADD 1, 2, AND 3)		
5. Governor .....	<input type="checkbox"/> (1 Point) .....	
6. Other Statewide Office(s) .....	<input type="checkbox"/> (1 or 2 Points) .....	
7. State Senate .....	<input type="checkbox"/> (1 Point) .....	
8. State Representative .....	<input type="checkbox"/> (1 Point) .....	
9. Local Candidates .....	<input type="checkbox"/> (1 or 2 Points) .....	
10. Extra Non-Federal Point .....	<input type="checkbox"/> (1 Point) .....	
11. SUBTOTAL -- Non-Federal (Add 5, 6, 7, 8, 9, and 10) .....		
12. TOTAL POINTS (Line 4 plus Line 11) .....		

**FEDERAL ALLOCATION** = Line 4 divided by Line 12 .....

*0.00%*

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

**ALLOCATION RATIOS**

NAME OF COMMITTEE (in Full)

*PODINSKI & COLE FEDERAL POLITICAL ACTION COMMITTEE*

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

Methods of allocation:

- 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. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- iii. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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	100%	0%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 NON-FEDERAL ACCOUNTS

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NOT APPLICABLE		0.00

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive .....

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

DIRECT FUNDRAISING AMOUNT

a) .....

b) .....

c) .....

d) .....

e) Total Amount Transferred For Direct Fundraising ..

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

EXEMPT ACTIVITY/  
DIRECT CANDIDATE SUPPORT

a) .....

b) .....

c) .....

d) .....

e) Total Amount Transferred For  
Exempt Activity/Direct Candidate Support .....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period  
(Administrative/Voter Drive Amount) .....

TOTAL This Period (Direct Fundraising Amount) .....

TOTAL This Period (Exempt Activity/Direct Candidate Support) .....

TOTAL This Period (Total Amount Transferred) .....

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

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

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

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

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

SUBTOTAL of Joint Federal and Non-Federal Activity This Page		TOTAL AMOUNT	
FEDERAL SHARE	+	NON-FEDERAL SHARE	= 0.00
TOTAL This Period (last page for each line only)(Federal share to 21(a)(1) and non-Federal share to 21(a)(2))		TOTAL AMOUNT	
FEDERAL SHARE		NON-FEDERAL SHARE	= 0.00
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			

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

**AGGREGATION PAGE**

**NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES**

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (in Full)		
DUBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE		
NAME OF ACCOUNT	Coverage Period	
NOT APPLICABLE	From: 11/12/2002	To: 12/31/2002

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



Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1-23-03
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMD</i> PREPARER	2-1-03 DATE PREPARED