

# Robinson+Cole

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GLENN A. SANTORO

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

*Via FedEx*

April 18, 2016

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

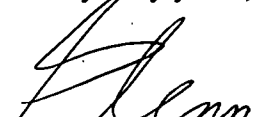
Re: **FEC Form 3X for the Reporting Period Ended: March 31, 2016**

Dear Ladies and Gentlemen:

Enclosed please find a fully executed FEC Form 3X for the above referenced reporting period. Said FEC Form 3X was inadvertently forwarded to your office for filing on April 11, 2016 without the signature on the first page.

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

Very truly yours,

  
Glenn A. Santoro

mjf2

Enclosure

14676525-v1

Boston | Hartford | New York | Providence | Stamford | Albany | Los Angeles | New London | Sarasota | **rc.com**

Robinson & Cole LLP

# Robinson+Cole

GLENN A. SANTORO

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Hartford, CT 06103-3597  
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gsantoro@rc.com  
Direct (860) 275-8322

April 11, 2016

Via FedEx

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

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

Ladies and Gentlemen:

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

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

Very truly yours,



Glenn A. Santoro

Enclosures

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 APR 19 AM 9:42  
Office Use Only

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)

280 TRUMBULL STREET

Check if different than previously reported. (ACC)

HARTFORD

CT

06103 3579

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

C 0 0 3 4 1 3 2 1

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(c) 12-Day PRE-Election Report for the:  
Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:  
General (30G) Runoff (30R) Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2016 through 03 31 2016

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 **GLENN A. SANTORO**

Signature of Treasurer



Date 04 11 2016

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

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

20160419 10:40:00 AM

**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: **0 1 0 1 2 0 1 6** To: **0 3 3 1 2 0 1 6**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2 0 1 6</b>		<b>8,196 61</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>8,196 61</b>	
(c) Total Receipts (from Line 19) .....	<b>0 0 0</b>	<b>0 0 0</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		
7. Total Disbursements (from Line 31).....	<b>5 0 0 0 0</b>	<b>5 0 0 0 0</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>7,696 61</b>	<b>7,696 61</b>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: **0 1 0 1 2 0 1 6** To: **0 3 3 1 2 0 1 6**

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 0 0	0 0 0
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0 0 0	0 0 0
(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).....▶	0 0 0	0 0 0
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)).....▶	0 0 0	0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0 0 0	0 0 0

NOTHING ON THIS SCREEN

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A</b>	<b>COLUMN B</b>
		<b>Total This Period</b>	<b>Calendar Year-to-Date</b>
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.....		5 0 0 0 0	5 0 0 0 0
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))..		5 0 0 0 0	5 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	5 0 0 0 0	5 0 0 0 0

NON-FEDERAL SHARE

**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) .....	5 0 0 . 0 0	5 0 0 . 0 0
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5 0 0 . 0 0	5 0 0 . 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(I) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

NON-PROFIT ORGANIZATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <b>6</b> OF <b>21</b>				
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

NON-FEDERAL POLITICAL ACTION COMMITTEE



**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 <b>7</b> OF <b>21</b>
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	

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) <b>A. LARSON FOR CONGRESS</b>		Date of Disbursement <b>03 11 2016</b>
Mailing Address <b>P.O. BOX 2161172</b>		Amount of Each Disbursement this Period <b>50000</b>
City <b>HARTFORD</b>	State <b>CT</b>	
Zip Code <b>06126</b>		Category/ Type
Purpose of Disbursement		
Candidate Name <b>JOHN B. LARSON</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>50000</b>
TOTAL This Period (last page this line number only).....▶	<b>50000</b>

20160101 10:01 AM 00000000



**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 \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>ROBINSON &amp; COLE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>C 0 0 3 4 1 3 2 1</b>	
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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral?  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). 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 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		DATE	
		Title	

2016-04-19 09:00 AM

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

**DEBTS AND OBLIGATIONS**

Excluding Loans

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶		<b>0 0 0</b>

2010-04-10 01:00:00 AM



**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)

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

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		
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		
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		
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).....▶	<b>0 0 0</b>

NON-PROFIT ORGANIZATION

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal.....

Nonfederal .....

This ratio applies to (check all that apply):

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

2010-01-10 10:00 AM

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

**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 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.

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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		

2010-01-16 10:00:00 AM



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

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

NAME OF ACCOUNT	DATE OF RECEIPT	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 0 0</b>

NON-FEDERAL ACCOUNTS



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

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

PAGE **17** OF **21**  
FOR LINE 18b OF FORM 3X

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

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

**BREAKDOWN OF THIS TRANSFER**

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

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

**BREAKDOWN OF THIS TRANSFER**

i) <b>Voter Registration</b>	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		
ii) <b>Voter ID</b>	VOTER ID	
Total Amount Transferred for Voter ID .....		
iii) <b>GOTV</b>	GOTV	
Total Amount Transferred for GOTV .....		
iv) <b>Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY	
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).....	<b>0 0 0</b>

2016 04 10 09:00 AM 00000000





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

Use separate schedule(s) for each category of the Aggregation Page	PAGE <b>20</b> OF <b>21</b>
FOR LINE NUMBER: <input type="checkbox"/> 1a <input type="checkbox"/> 2 (check only one)	

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

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt <hr/> Amount of Each Receipt this Period <hr/> Aggregate Year-to-Date
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt <hr/> Amount of Each Receipt this Period <hr/> Aggregate Year-to-Date
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt <hr/> Amount of Each Receipt this Period <hr/> Aggregate Year-to-Date
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt <hr/> Amount of Each Receipt this Period <hr/> Aggregate Year-to-Date

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

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**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 **21** OF **21**  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)

**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

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

Date of Disbursement

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

Date of Disbursement

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

Date of Disbursement

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

Date of Disbursement

**D.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

Date of Disbursement

**E.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

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

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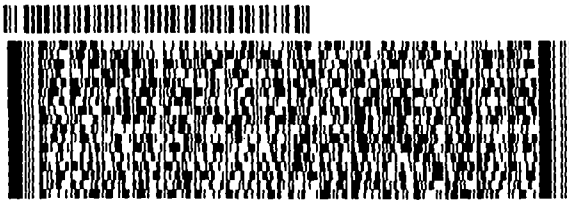
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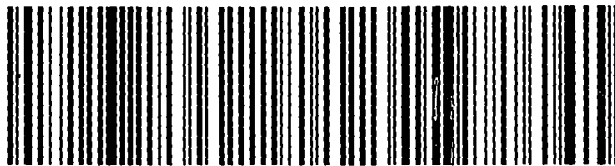
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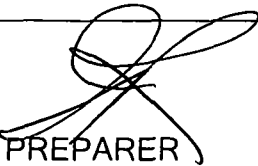
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