## Robinson+Cole

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FEC MAIL CENTER
2016 APR 19 AM 9: 41

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 traffy yours,

Glenn A. Santoro

mjf2

Enclosure

14676525-v1

## Robinson & Cole

GLENN A. SANTORO

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

April 11, 2016

#### 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

Office

Use Only

FE6AN026

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC HAIL CENTER

2016 APR 19 AM 9: 42

FEC FORM 3X Rev. 12/2004

Office Use Only

1.	NAME COMM	OF ITTEE (in full)	TYPE OR	PRINT ▼		cample: If typing, ty er the lines.	ype 1	2FE4M5		
R	O. B. 1	NSON &	C, O, I	E F	, <b>E</b> , <b>D</b> , <b>E</b> , <b>R</b> , <b>A</b>	L, POLI	<b>T</b> ; <b>I</b> ; <b>C</b> , .	AL ACTI	O N	
C	O, M, P	LTFEE	<u></u>	1.1.1.	1. 4.1.1.4.		iii	1 1 1 1 : ;		
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	tha	neck if different an previously ported. (ACC)						÷	0 3 3 5 7 9	
2.	•	DENTIFICATION N			CITY ▲	ું કે કરો જારુ ક્રીક્ટ કે કરો જારુ ક			ZIP CODE ▲	
,	C <sub>0</sub>	0 3 4 1 3	2 1		3. IS THIS REPOR		OR	AMENDED (A)		
4.	TYPE (Choose	OF REPORT e One)		onthly port e On:	Feb 20 (M	2) May 2	20 (M5)	Aug 20 (M8)	Nov 20 (M11 (Non-Election Year Only)	
	(a) Qu	uarterly Reports:		e On:	Mar 20 (M	3) Jun 2	0 (M6)	Sep 20 (M9)	Dec 20 (M12 (Non-Election Year Only)	
	x	April 15			Apr 20 (M4	) Jul 20	0 (M7)	Oct 20 (M10)		
	•	Quarterly Report (Q1) July 15 Quarterly Report (Q2)	i (C)	12-Day	• • •			General (12G)	Runoff (12R)	
		October 15	j	Report for	for the:	Convention (12C)		Special (12S)		
_		Quarterly Report (C January 31 Year-End Report (Y			Election on	t to the first	2 1 2	• !	in the State of	
		July 31 Mid-Year Report (Non-electio Year Only) (MY)	on (d)	30-Day		General (30G)		Runoff (30R)	Special (30S)	
		Termination Report (TER)	: : :	Report	for the:  Election on		P = I = I		in the State of	
5.	Coverir	ng Period 0	1 ' <b>Ö</b>	i ' '	2 0 1 6	through	0 3	3 1 2 0	1 6	
	-				_	owledge and belief	it is true,	correct and comple	te.	
Тур	e or Prii	nt Name of Treasure		IN A. I	SANTORO					
Sig	nature o	f Treasurer	Her	in K	ten f		Dat	e <b>O 4</b>	2 0 1 6	
NO.	TE: Subr	mission of false, erron	eous, or in	complete i	nformation may	subject the person s	igning this	Report to the penalti	es of 2 U.S.C. §437g.	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Schedule C and/or Schedule D) .....

Page 2

Write or Type Committee Name		
ROBINSON & COLE FEDERAL POL	TICAL ACTION COMMITTEE	•
	D 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, 2 0 1 6		8,19661
(b) Cash on Hand at  Beginning of Reporting Period	8 1 9 6 6 1	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, y , .	
7. Total Disbursements (from Line 31)	5 0 0 0 0	50000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7 6 9 6 6 1	7 6 9 6 . 6 1
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	,	
Debts and Obligations Owed BY     the Committee (Itemize all on		

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

FE6AN026

## **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

	I. Receipts			7	COL otal T			i	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	0.00	1	i	0	. 0	) ()
	(ii) Unitemized					,			,	;			
	(iii) TOTAL (add												
	Lines 11(a)(i) and (ii)▶					٠	0	0 0		•	(	0 0	0
	(b) Political Party Committees								,	١			
-	(c) Other Political Committees					-			 	-			-
	(such as PACs)			-		,			,	j			
	(d) Total Contributions (add Lines												
	11(a)(iii), (b), and (c)) (Carry						_						
	Totals to Line 33, page 5)▶						U	. 0 0	}	,	(	0 (	0
2.	Transfers From Affiliated/Other												
	Party Committees			:		•		•	, .	:			
3.	All Loans Received					,			,	,			
4.	Loan Repayments Received												
	Offsets To Operating Expenditures			>				•	j	;			
	(Refunds, Rebates, etc.)												
	(Carry Totals to Line 37, page 5)												
6.	Refunds of Contributions Made					,			;	;			
	to Federal Candidates and Other					, .							
	Political Committees												
7.	Other Federal Receipts								•		•		
	(Dividends, Interest, etc.)												
8.	Transfers from Non-Federal and Levin Funds												
	(a) Non-Federal Account										•		
	(from Schedule H3)								,	J			
	(b) Levin Funds (from Schedule H5)								,	1			
	(c) Total Transfers (add 18(a) and 18(b))									•			
				•					,	•			
Э.	Total Receipts (add Lines 11(d),												
	12, 13, 14, 15, 16, 17, and 18(c))▶						0	. 0 0	,	:	C	) . (	0 (
0.	Total Federal Receipts												
	(subtract Line 18(c) from Line 19)▶						_	0 0			Ó		0 (

#### **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	50000	5 0 0 0 0				
24. Independent Expenditures						
(use Schedule E)		•				
(use Schedule F)						
26. Loan Repayments Made						
	, ,	•				
Loans Made      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		<b>,</b>				
	·	, .				
(ii) "Levin" Share	<i>:</i>	: 1				
(b) Federal Election Activity Paid Entirely						
With Federal Funds(c) Total Federal Election Activity (add	·	) · · · · · · · · · · · · · · · · · · ·				
(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))	50000	: 5 0 0 0 0				
32. Total Federal Disbursements		. 3 0 0 0				
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	50000	F 0 0 0 0				
	, , , , , , ,	50000				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		COLUMN A al This Period	COLUMN B Calendar Year-to-Date			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	,	500,00		, 5 (	0 0 0 0	
44. Total Contribution Refunds (from Line 28(d))	:	;		,	,	
35. Net Contributions (other than loans)		•	•	• •		
(subtract Line 34 from Line 33)	2	50000		, 5 (	0 0 - 0 0	
(add Line 21(a)(i) and Line 21(b))	:	;		;		
77. Offsets to Operating Expenditures (from Line 15, page 3)	,	,				
88. Net Operating Expenditures						
(subtract Line 37 from Line 36)		•	,			

SCHEDULI	ΞΑ	(FEC	Form	3X)
ITEMIZED	REC	<b>EIPTS</b>	;	

ITEMIZED RECEIPTS	Use separate schedule(s) (check only one)	
	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and ac	y not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions 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
Mailing Address	<del> </del>	Date of Receipt
City State	Zip Code	-
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		,
Name of Employer Occupation		
Receipt For:	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) B.	<del></del>	Date of Receipt
Mailing Address		Date of Necept
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		: )
Name of Employer Occupation		
Receipt For:      Primary   General   Other (specify) ▼	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.	<del></del>	Date of Receipt
Mailing Address		Date of necept
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		: ; ;
Name of Employer Occupation		
Primary General	Year-to-Date ▼	· .
Other (specify) 🔻		
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	·	, 000

SCHEDOLL D (I LO I OIIII 3X)		FOR LINE	NUMBER: PAGE / OF ZI
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
/ ROBINSON & COLE FEDERAL POLIT	FICAL ACTION COMM	[TTEE	
Full Name (Last, First, Middle Initial)			
<b>A.</b>			Date of Disbursement
LARSON FOR CONGRESS			The second of the second
Mailing Address		•	03 11 2016
P.O. BOX 2161172			
City	tate Zip Code		
HARTFORD	CT 06126		
Purpose of Disbursement			Amount of Each Dishusanment this David
Candidate Name			Amount of Each Disbursement this Period
	'	Category/	50000
JOHN B. LARSON Office Sought: House Disbursem	ant For:	Туре	,
- · · · · · · · · · · · · · · · · · · ·	Primary Toneral		•
;	Other (specify)		
State: District:	Silier (Speelif)		
Full Name (Last, First, Middle Initial)			<del></del>
R.	•		Date of Disbursement
<b>5.</b>			
Mailing Address			
			:
City	tate Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Courses I Thomas I Birth was		Туре	•
Office Sought: House Disbursem		i	
	Primary General  Other (specify) ▼	i	
State: District:	Striet (Specify).		
Full Name (Last, First, Middle Initial)	<del> </del>		
C.			Date of Disbursement
<b>.</b>			
Mailing Address			$\mathcal{L} = \mathcal{L} \cup \mathcal{O} \cup \mathcal{L} \cup \mathcal{L} \cup \mathcal{L} \cup \mathcal{V} \cup \mathcal{V} \cup \mathcal{L}$
City S	tate Zip Code		
			•
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
0		Туре	
Office Sought: House Disbursem		1	
;; _	Primary General		•
State: District:	Other (specify)		
Ciale. District.			
CHRISTAL of Dishuraments This Dawn (and the state of the			5:00
SUBTOTAL of Disbursements This Page (optional)	······································	······ <b>&gt;</b>	50000
TOTAL This Period (last page this line number only)		<b>.</b>	E 0 0 0 0
		······	. 50000

## SCHEDULE C (FEC Form 3X) -LOANS

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

PAGE 8 OF 21

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 Mailing Address Other (specify) ▼ ZIP Code State City Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date **TERMS** Secured: Date Incurred Date Due Interest Rate Yes No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional).....

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

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

0 0 0

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

Federal Election Commission, Washington, D.C. 20463

PAGE 9 OF 21

Supplementary for Information found on Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION				ON NUMBER		
•			C	00341	3 2 1	
ROB	SINSON & COLE FEDERAL POLITICAL AC	TION COMMITTEE			J Z 1	
	ING INSTITUTION (LENDER)	Amount of Loan		Interest Rat	e (APR)	
Full N	ame					
					\$1 -	
Mailin	g Address		t. (	- 1 · 12 · 1	ν :	
		Date Incurred or Established				
City	State Zip Code	Date Due	f - f	/ D 0 / 7	1 × 1	
Α.	Has loan been restructured? No Yes	If yes, date originally incurre		I = G - 1 - I = 0	s 5 5	
B.	If line of credit,	Total				
	Amount of this Draw:	Outstanding Balance:		<b>3</b>		
-	<del></del>					
C.	Are other parties secondarily liable for the debt incu	rred? must be reported on Schedule C.	<b>Y</b>			
D.	Are any of the following pledged as collateral for the	<del></del>		e value of this co	lateral?	
	property, goods, negotiable instruments, certificates of	of deposit, chattel papers,				
	stocks, accounts receivable, cash on deposit, or other No in Yes If yes, specify:			. 3		
	Tes if yes, specify.		Does the le	ender have a per	fected security	
	· · · · · · · · · · · · · · · · · · ·		interest in it? No Yes			
E.	Are any future contributions or future receipts of inte	· -	What is the	e estimated value	?	
	collateral for the loan? No Yes If yes,	specify:				
-	· · · · · · · · · · · · · · · · · · ·		•			
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				
j	Date account established:	Address:				
		City, State, Zip:				
<u> </u>	March and the transport all the state of the	as pledged for this loan, or if the amount pledged does not equal or exceed				
[	the loan amount, state the basis upon which this loa	vas pleaged for this loan, of it the an was made and the basis on w	hich it assure	iged does not eq es repayment.	ual of exceed	
	·	•				
G.	COMMITTEE TREASURER	·	DATE	<del></del>		
	Typed Name				. ,	
1	Signature					
Н.	Attach a signed copy of the loan agreement.	+				
1.	TO BE SIGNED BY THE LENDING INSTITUTION:					
	<ol> <li>To the best of this institution's knowledge, the are accurate as stated above.</li> </ol>	terms of the loan and other infor	mation regard	ding the extension	n of the loan	
	II. The loan was made on terms and conditions (i	including interest rate) no more fa	avorable at th	ne time than thos	e imposed for	
	similar extensions of credit to other borrowers III. This institution is aware of the requirement tha	of comparable credit worthiness.  t a loan must be made on a bas	is which assi	ires renavment :	and has	
ALITI	complied with the requirements set forth at 11		ing this loan			
	ORIZED REPRESENTATIVE d Name		DATE			
Signa		Title	-	The second second	:	
-						

## 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

PAGE 10 OF 21

NAIVIE	OF	COMMIT	IEE	(in Full	)	

A.	Full Name (Last, First, Middle Initial) of	Debtor or Creditor	Nature of Debt (Purpose):
İ		/	
Ma	iling Address		_
IVIA	ming Address		
City	State	Zip Code	· ·
	Outstanding Balance Beginning This Period	od .	1
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	•		y
В.	Full Name (Last, First, Middle Initial) of E	Debtor or Creditor	Nature of Debt (Purpose):
Mai	ling Address		
			]
City	State	Zip Code	
<del>                                     </del>	Dutstanding Balance Beginning This Perio	od	d
`		••	
	·		
	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):
			·
Mai	ling Address		-
Cit		State Zip Code	  -
City	1	State Zip Code	
	Dutstanding Balance Beginning This Perio	od	
	ŭ 0		
	: Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	Allount meaned This Fenod	· dynient mis i endo	Catalana Balance at Glose of The Fenous
1) SL	BTOTALS This Period This Page (option	nal)	
2) TC	TALS This Period (last page this line nu	umber only)	,
3) TC	TAL OUTSTANDING LOANS from Sche	edule C (last page only)	
1) Ar	ID 2) and 3) and carry forward to annex	printo line of Cummary Page //ost page calls h	0 0 0
+) AL	and and carry lorward to approp	priate line of Summary Page (last page only) ▶	

<b>SCHEDULE</b>	Ε	(FEC	<b>Form</b>	3X)
ITEMIZED IND	EPE	NDENT	EXPE	<b>NDITURES</b>

EMIZED INDEPENDENT EXPENDITURES	•	PAGE 11 OF 21
		FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
ROBINSON & COLE FEDERAL POLITICAL ACTIO	ON COMMITTEE	C 0 0 3 4 1 3 2 1
Check if 24-hour report 48-hour report New	v report Amends report	filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	, , ,
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	(S M I & B I Y Y I !
Name of Federal Candidate	Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
:	,	Other (specify) >
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	, , ,
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	Li M / G D / Y Y Y
Name of Federal Candidate	Support Oppose	Office Sought: House District:
		Family ( )
Calendar Year-To-Date Per Election for Office Sought	5	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		<b>,</b> , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditures	`	<b>▶</b>
(c) TOTAL Independent Expenditures	······	<b>,</b> , , , , , , , , , , , , , , , , , ,
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	ures reported herein were no rized committee or agent of o	ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Signature	Date	14
Signature		`

#### 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

PAGE 12 21 OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) ROBISON & COLE FEDERAL POLITICAL ACTION COMMITTEE Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: State ZIP Code City Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date Zip Code State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... 0 0 TOTAL This Period (last page this line number only).....

#### 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						
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage						
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check						
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or						
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						
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						

## SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

**ACTIVITIES APPEARING ON THIS REPORT.** 

PAGE 14 OF 21

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT

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:		
Fundraising Direct Candidate Support	7.	1
CHECK IF THE RATIO IS:		}
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	0,5	, ;
CHECK IF THE RATIO IS:	·*	
	ł	
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	[	
Fundraising Direct Candidate Support	c:	
	. 0:	, <b>c</b> .
CHECK IF THE RATIO IS:		
New Revised Same as Previously, Reported		
		-
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	1	
		_
[_] Fundraising ! Direct Candidate Support	. %.	. %
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
the total the state of the stat		
ACTIVITY OR EVENT IDENTIFIER		
,		
	FEDERAL %	NONFEDERAL %
·	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
ACTIVITY IS:    Fundraising   Direct Candidate Support	FEDERAL %	NONFEDERAL %
ACTIVITY IS:    Fundraising   Direct Candidate Support		
ACTIVITY IS:    Fundraising   Direct Candidate Support		
ACTIVITY IS:    Fundraising   Direct Candidate Support		
ACTIVITY IS:    Fundraising   Direct Candidate Support		
ACTIVITY IS:    Fundraising	i>	. Ve
ACTIVITY IS:    Fundraising		
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support	i>	. Ve
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %

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

FOR LINE 18a OF FORM 3X

NAM	E OF ACCOUNT	- DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
	•		,	7	
BRE	AKDOWN OF TRANSFER RECEI	VED			<del></del>
i)	Total Administrative		;	i	
ii)	Generic Voter Drive		:	3	
iii)	Exempt Activities			,	
iv)	Direct Fundraising (List Activity or	Event Identifier)	·		
	a)	· · · · · · · · · · · · · · · · · · ·			
	b)	<del></del>			
	c) Total Amount Transferred For Di	rect Fundraising	•		,
v)	Direct Candidate Support (List Ad	ctivity or Event Identifier)			
	a)	· ,			
	b)	. ,			
	c) Total Amount Transferred For Di	rect Candidate Support		-	
vi)	Public Communications Referring	g Only to Party (Made by PAC)		<b>,</b>	
	· .	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	)		
TAL	This Period (Administrative)				
TAL	This Period (Generic Voter Drive)	, , , , , , , , , , , , , , , , , , ,	ř		
TAL	This Period (Exempt Activities)	······································	1		
TAL	This Period (Direct Fundraising)		,		
TAL	This Period (Direct Candidate Supp	oort)			
TAL	This Period (Public Communication:	s Referring Only to Party)	•		
					0,00

# 2016-04-19-03-00067577

#### SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	16	, C	F	21	
FOR	LINE	21a	OF	FORM	зх

NAME OF COMMITTEE (In Full)

A.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:	
	Malling Address		<del></del>		Administrative Fundraising Exemp	
	Mailing Address				Voter Drive Direct Candidate Suppor	
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:			·	Allocated Activity or Event Year-To-Date	
	Activity or Event Identifier:				1 , ,	
				Category/ Type	Date Y A A A A A A A A A A A A A A A A A A	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	· · · · · · · · · · · · · · · · · · ·		. 7		, ,	
3.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:	
	Mailing Address				Administrative Fundraising Exempt	
					Voter Drive Direct Candidate Support	
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
	Activity or Event Identifier:					
				Category/ Type	Date	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
	· · · · · · · · · · · · · · · · · · ·		,	•		
	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:  Administrative Fundraising Exempt	
	Mailing Address				Voter Drive Direct Candidate Support	
	City	State	Zip Code		Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date	
	Purpose of Disbursement:				- Allocated Activity of Event Teal-10-Date	
	Activity or Event Identifier:				, , ,	
				Category/ Type	Date	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
SI	JBTOTAL of Allocated Federal and NonFedera	al Activity Th	is Page			
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
		_		· ·		
T	OTAL This Period (last page for each line only FEDERAL SHARE	)(Federal sh	are to 21(a)(i) and NONFEDERAL		nare to 21(a)(ii))  TOTAL AMOUNT	
					0 0 0	

#### 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 COMMITTE	E (In Full)			
ROBINSON & CO	LE FEDERAL POLIT	FICAL ACTION COMMI	TTEE	
NAME OF ACCOUN	T	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
	•	The second of the second of the Y		
				· : · ·
BREAKDOWN OF 1	THIS TRANSFER			
i) Voter R	egistration	٧	OTER REGISTRA	ATION
	nount Transferred for Voter	r Registration		
-		•		OTER ID
ii) Voter II		- ID		
lotal An	nount Transferred for Voter	TID		\$ ***
iii) GOTV				GOTV
Total An	nount Transferred for GOT	V		: •
				GENERIC CAMPAIGN ACTIVITY
	Campaign Activity	eric Campaign Activity		
·	delle manaiened for dene	sile Gampaign Activity	•••••	y : -
NAME OF ACCOUNT	F	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		The second of the second	;	
				•
BREAKDOWN OF 1	THIS TRANSFER		1	
i) Voter R		V	OTER REGISTRA	ATION
	nount Transferred for Voter	r Registration		
Total 7th		Trogionanom		OTER ID
ii) Voter II			•	
Total An	nount Transferred for Voter	r ID		
iii) GOTV				GOTV
•	nount Transferred for GOT	·v		
•				: ; GENERIC CAMPAIGN ACTIVITY
	Campaign Activity	and the second second		
iotal An	nount transferred for Gene	eric Campaign Activity		• • • • • • • • • • • • • • • • • • • •
	TOTAL C FOR RR	REAKDOWN OF TRANSFER	DECENTED (I a	et Pege Only)
	· ·	EARDOWN OF THANSFER	NECEIVED (La	st rage Omy)
TOTAL This Da	eriod (Voter Registration)			·
TOTAL TIIS I'C	shou (voter riegistration)		•	
TOTAL This Pe	eriod (Voter ID)			
TOTAL TIIS FE	2.00 (VOIOI 1D)		•	
TOTAL This Pe	eriod (GOTV)			
	··· \—— · · ///////////////////////////////			•
TOTAL This Pe	eriod (Generic Campaign A	activity)		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(==::ono odinpuigii A			4
TOTAL This Pe	eriod (Total Amount of Tran	nsfers Received)		
	,			

# SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE	<b>18</b> °	21 <sub>.</sub>
FOR LIN	JF 30a O	F FORM 3X

NAME OF COMMITTEE (In Full)			
ROBINSON & COLE FEDERAL POLITICAL ACTION COM  A. Full Name (Last, First, Middle Initial) / Full Organization Name	ALTTEE	Type of Allocated Activity	or Event:
		Voter Registration Voter ID	GOTV Generic Campaign
Mailing Address		Allocated Activity or E	Event Year-To-Date
City State Zip Code		,	: -
Purpose of Disbursement	Category/ Type	Date	e grand de de de
FEDERAL SHARE + LEVIN SH		= TOTAL /	AMOUNT
, , , , , , , , , , , , , , , , , , , ,			· <u>· · · · · · · · · · · · · · · · · · </u>
B. Full Name (Last, First, Middle Initial) / Full Organization Name	•	Type of Allocated Activity  Voter Registration  Voter ID	or Event: GOTV Generic Campaign
Mailing Address	<u></u> .	Allocated Activity or E	Event Year-To-Date
City State Zip Code	1	3	;
Purpose of Disbursement	Category/ Type	: , s	: / Y Y Y .
FEDERAL SHARE + LEVIN SH	<u> </u>	= TOTAL	AMOUNT
. 1		;	
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity Voter Registration Voter ID	or Event: GOTV Generic Campaign
Mailing Address		Allocated Activity or E	Event Year-To-Date
City State Zip Code	<del></del>		
Purpose of Disbursement	Category/ Type	Date	e Z. A. V. G. F.
. FEDERAL SHARE + LEVIN SH	ARE	= TOTAL	AMOUNT
			,
SUBTOTAL of Shared Federal and Levin Activity This Page			<del></del>
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL	AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) an FEDERAL SHARE	d Levin share to		, AMOUNT <b>0 0 0</b>
LEVIN SH	ARE		•
TOTAL This Period for the Levin Share			

#### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

DISBURSEMENTS .....(From Line 6)

ENDING CASH ON HAND....(Subtract Line 10 From Line 9).....

NAME OF COMMITTEE (In Full)  ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE									
L	E OF ACCOUNT	AL ACTIO	N COMMI	TTEE					
			DLUMN A THIS PER	LUMN A COLUMN B 'HIS PERIOD YEAR-TO-DATE			<del></del>		
1.	RECEIPTS FROM PERSONS  (a) Itemized(Use Schedule L-A)					:	ý		
	(b) Unitemized	;	•	•			,	٠	
	(c) Total	<b>y</b> .	•	-		,	j		
2.	OTHER RECEIPTS	. ,	3			į	ý		
3.	TOTAL RECEIPTS	,				·	:		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)								
	(a) Voter Registration	,				3		•	
	(b) Voter ID	<b>,</b>	j.	•		7	,		
	(c) GOTV	•	7			. ,	,		
	(d) Generic Campaign	1		•		•	:		
	(e) Total	;	•	•		,	¥		
5.	OTHER DISBURSEMENTS	•	. ·.			•			
6.	TOTAL DISBURSEMENTS		,			1	;		
- 7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	;	•				3		_
8.	RECEIPTS(from Line 3)					,	;		
9	SUBTOTAL (Add Lines 7 and 8)	~	:						

10.

## SCHEDULE L-A (FEC Form 3X)

PAGE 20 OF 21 Use separate schedule(s) ITEMIZED RECEIPTS OF LEVIN FUNDS for each category of the FOR LINE NUMBER: (check only one) Aggregation Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code

Name of Employer or Principal Place of Business			
			Aggregate Year-to-Date
Occupation			
			: : : : ·
Full Name (Last, First, Middle Initial) / Full Organization N	Vame		Date of Receipt
l <b>.</b>			I was to be a second
			·
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			, , , , ,
			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization N	Name		Date of Receipt
•			The second of th
Mailing Address			
C'h.	04-4-	Zin Code	Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			. ,
			Aggregate Year-to-Date
Occupation	<del></del>		
			,
Full Name (Last, First, Middle Initial) / Full Organization N	lame	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
•			and the Armer of t
		•	
Mailing Address			
City	Ctoto	7in 0-4-	Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			, , , , , , , , , , , , , , , , , , , ,
			Aggregate Year-to-Date
Occupation		· · · · · · · · · · · · · · · · · · ·	, 55 5
		• •	3
		<u> </u>	<u> </u>
SUBTOTAL of Receipts This Page (optional)		<b>.</b>	
			,
TOTAL This Period (last page this line number only)			0 0 0

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

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

В.

C.

D.

E.

· · · ·			
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	
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full)			
/ ROBINSON & COLE FEDERAL POLITICAL	ACTION COMMITTEE		
Full Name (Last, First, Middle Initial) / Full Organization N. A.	Date of Disbursement		
<b>~.</b>	The Arms of Arms of Arms		
Mailing Address			
City · State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization No	ame		
B.		Date of Disbursement	
Mailing Address	·	$ \mathfrak{g}_{i}^{k}-k \leq  \mathfrak{g}_{i}^{k}-\mathfrak{g}_{i}^{k}-\mathfrak{g}_{i}^{k} + \mathfrak{g}_{i}^{k}-\mathfrak{g}_{i}^{k}-\mathfrak{g}_{i}^{k}-\mathfrak{g}_{i}^{k} $	
City State	Zip Code	Amount of Fook Dishuranment this Desired	
	Zip Oode	Amount of Each Disbursement this Period	
Purpose of Disbursement		; '	
Full Name (Last, First, Middle Initial) / Full Organization N	ame	Date of Disbursement	
		v /	
Mailing Address			
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) / Full Organization N	ame		
D.		Date of Disbursement	
Mailing Address		$\label{eq:constraints} \mathcal{A} = \{ x \in \mathcal{X} \mid x \in \mathcal{Y} \mid x \in \mathcal{Y} \mid x \in \mathcal{X} \mid x \in \mathcal{X} \}$	
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			
	·		
Full Name (Last, First, Middle Initial) / Full Organization No.	ame !	Date of Disbursement	
Mailing Address		$U^{(0)}(x) = \omega_{0} \circ U^{(0)}(x) = 0  (3)$	
	7in Code		
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			

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Page 1 of 2

SHIP DATE: 18APR16 ACTWGT: 0.50 LB CAD: 103883659WSXI2750

**BILL SENDER** 

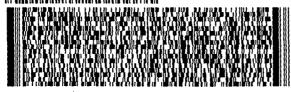
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FEDERAL ELECTION COMMISSION 999 E ST NW

(860) 275-8200

WASHINGTON DC 20463 (860) 275-8200 REF. W.PO.

REF: 90270.9999-SANTO



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**EP RDVA** 

TUE - 19 APR 10:30A **PRIORITY OVERNIGHT** 

**DSR** 

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**kpress** 

Extremely Urgent

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
T LISDS Driority Mail	Postmarked
USPS Priority Mail  FEDEX	04-18-2016
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
	04-19-2016
(3/2015)	DATE PREPARED