

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Robinson + Cole Federal PAC

Report Covering the Period: From: 07 / 01 / 2007 To: 12 / 31 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		301921
(b) Cash on Hand at Beginning of Reporting Period.....	302621	
(c) Total Receipts (from Line 19).....	165700	341400
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	468321	643321
7. Total Disbursements (from Line 31).....	50000	225000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	418321	418321
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

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

28039582633

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Robinson + Cole Federal PAC

Report Covering the Period: From:

07 / **01** / **2007**

To:

12 / **31** / **2007**

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).....

[Empty Box]

[Empty Box]

(ii) Unitemized.....

1,657.00

34,140.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,657.00

34,140.00

(b) Political Party Committees.....

[Empty Box]

[Empty Box]

(c) Other Political Committees (such as PACs).....

[Empty Box]

[Empty Box]

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,657.00

34,140.00

12. Transfers From Affiliated/Other Party Committees.....

[Empty Box]

[Empty Box]

13. All Loans Received.....

[Empty Box]

[Empty Box]

14. Loan Repayments Received.....

[Empty Box]

[Empty Box]

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

[Empty Box]

[Empty Box]

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

[Empty Box]

[Empty Box]

17. Other Federal Receipts (Dividends, Interest, etc.).....

[Empty Box]

[Empty Box]

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

[Empty Box]

[Empty Box]

(b) Levin Funds (from Schedule H5).....

[Empty Box]

[Empty Box]

(c) Total Transfers (add 18(a) and 18(b))..

[Empty Box]

[Empty Box]

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,657.00

34,140.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,657.00

34,140.00

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DETAILED SUMMARY PAGE
of Disbursements

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	500.00	2250.00
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)) ..	500.00	2250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	500.00	2250.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,657.00	3,414.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,657.00	3,414.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<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 PAC

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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**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 7 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PAC

Full Name (Last, First, Middle Initial)

A. *Courtney for Congress*

Mailing Address
PO Box 1372

City *Vernon* State *CT* Zip Code *06066*

Purpose of Disbursement
Campaign contribution

Candidate Name

01.1
Category/
Type

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

50000

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: *CT* District: *2nd*

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

50000

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

50000

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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
- 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:
MM / DD / YYYY	MM / DD / YYYY	XXXX.XX % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)..... ▶

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

	000
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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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 9 of 21 of Schedule C

NAME OF COMMITTEE (In Full) Robinson + Cole Federal Political Action Committee		FEC IDENTIFICATION NUMBER C 00341321	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State Zip Code	Date Due	
A. Has loan been restructured? <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			

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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)..... ▶	000
2) TOTALS This Period (last page this line number only)..... ▶	000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	000

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

NAME OF COMMITTEE (In Full) <i>Robinson + Cole Federal Political Action Committee</i>	FEC IDENTIFICATION NUMBER C00341321
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date MM / DD / YYYY _____ / _____ / _____ Amount _____
Purpose of Expenditure _____ Category/Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date MM / DD / YYYY _____ / _____ / _____ Amount _____
Purpose of Expenditure _____ Category/Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(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, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date MM / DD / YYYY
 _____ / _____ / _____

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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)

Robinson + Cole Federal Political Action Committee

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

28039582644

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	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

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**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
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	<input type="text"/>
TOTAL This Period (Generic Voter Drive)	<input type="text"/>
TOTAL This Period (Exempt Activities)	<input type="text"/>
TOTAL This Period (Direct Fundraising)	<input type="text"/>
TOTAL This Period (Direct Candidate Support)	<input type="text"/>
TOTAL This Period (Public Communications Referring Only to Party)	<input type="text"/>
TOTAL This Period (Total Amount Transferred)	<input type="text"/> 0.00

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Robinson + Cole Federal Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

0.00

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

NAME OF COMMITTEE (In Full)
Robinson + Cole P8 Federal Political Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

		VOTER REGISTRATION
i) Voter Registration	Total Amount Transferred for Voter Registration.....	
		VOTER ID
ii) Voter ID	Total Amount Transferred for Voter ID	
		GOTV
iii) GOTV	Total Amount Transferred for GOTV	
		GENERIC CAMPAIGN ACTIVITY
iv) 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).....	0.00

28039582648

**SCHEDULE NO (FEC FORM 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)**

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

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

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

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

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

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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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

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

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

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

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

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

A.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

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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 2 OF 2
 (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

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

D.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

E.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

_____ *0.00*

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>1/8/08</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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 PREPARER
 (3/2005)

1/9/08
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