

Robinson+Cole

RECEIVED  
FEC MAIL CENTER

2017 JAN 26 AM 10: 25

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

January 25, 2017

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

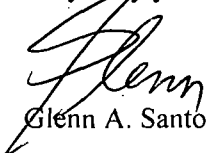
Re: **FEC Form 3X for the 30 Day Post Election Report**  
**FEC Form 3X for the Reporting Period Ended: December 31, 2016**

Ladies and Gentlemen:

Enclosed please find the FEC Form 3Xs for the above referenced reporting periods.

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

Very truly yours,

  
Glenn A. Santoro

Enclosures

Cc: David M. Panico

2017 JAN 26 AM 10: 25

**FEC FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2017 JAN 26 AM 10:25

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 00341321

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
---	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2016 through 11 / 28 / 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 *Glenn A. Santoro* Date 01 / 25 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

2017-01-26 10:25 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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="8,196.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6,435.61"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="0.00"/>	<input type="text" value="2,739.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="6,435.61"/>	<input type="text" value="10,935.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="4,500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6,435.61"/>	<input type="text" value="6,435.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

NON-FEDERAL GOVERNMENT

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. 02/2003)

Page 3

Write or Type Committee Name

**Robinson & Cole Federal Political Action Committee**

Report Covering the Period: From: 10 / 01 / 2016 To: 11 / 28 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(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).....▶	0.00	2,739.00
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)).....▶	0.00	2,739.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	2,739.00

20161128 10:01:00

**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 .....	0.00	4,500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (52 U.S.C. § 30101(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)) ..	0.00	4,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0.00	4,500.00

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) .....	0.00	4,500.00
34. Total Contribution Refunds (from Line 28(d)).....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	4,500.00
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) .....		

2011-01-10 10:00 AM

**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

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)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 0.00

TOTAL This Period (last page this line number only).....▶ 0.00

2017-01-26 10:00 AM

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

A.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		<input type="text"/>	
Candidate Name		Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item	

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="0.00"/>

2017-01-26 01:00:00



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

**LOANS**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	<input type="text"/>	<input type="text"/>	<input type="text"/> % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="0.00"/>

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

NON-DECLINING BALANCE

**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>		<b>FEC IDENTIFICATION NUMBER</b> <b>C 00341321</b>							
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <input style="width: 100%;" type="text"/>	Interest Rate (APR) <input style="width: 100%;" type="text"/> %						
Mailing Address		Date Incurred or Established <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">M M /</td> <td style="border: 1px solid black; text-align: center;">D D /</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y	M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y							
M M /	D D /	Y Y Y Y							
City	State Zip Code	Date Due <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">M M /</td> <td style="border: 1px solid black; text-align: center;">D D /</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y	M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y							
M M /	D D /	Y Y Y Y							
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">M M /</td> <td style="border: 1px solid black; text-align: center;">D D /</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y	M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y							
M M /	D D /	Y Y Y Y							
B. If line of credit, Amount of this Draw: <input style="width: 100%;" type="text"/>		Total Outstanding Balance: <input style="width: 100%;" type="text"/>							
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? <input style="width: 100%;" type="text"/>  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? <input style="width: 100%;" type="text"/>							
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <input style="width: 100%;" type="text"/>		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 <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">M M /</td> <td style="border: 1px solid black; text-align: center;">D D /</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y	M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y							
M M /	D D /	Y Y Y Y							
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 <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">M M /</td> <td style="border: 1px solid black; text-align: center;">D D /</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y	M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y							
M M /	D D /	Y Y Y Y							
Title									

NON-CONFIDENTIAL

**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) ▶	0.00

2017-01-26 09:00 AM

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

NAME OF COMMITTEE (In Full) <b>Robinson &amp; Cole Federal Political Action Committee</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00341321</b>
--	--

Check if  24-hour report     48-hour report     New report     Amends report filed on   /  /     /  /     /  /  

Full Name of Payee <span style="float:right"><input type="checkbox"/> Memo Item</span>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Purpose of Expenditure <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span></span>	Name of Federal Candidate <span style="float:right"><input type="checkbox"/> Support <input type="checkbox"/> Oppose</span>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">  /  /  </span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <span style="float:right"><input type="checkbox"/> Memo Item</span>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Purpose of Expenditure <span style="float:right">Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span></span>	Name of Federal Candidate <span style="float:right"><input type="checkbox"/> Support <input type="checkbox"/> Oppose</span>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">  /  /  </span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">  /  /  </span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">  /  /  </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">  /  /  </span>

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   /  /     /  /     /  /  

2017-01-09 01:00:00

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

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

NAME OF COMMITTEE (In Full) <b>Robinson &amp; Cole Federal Political Action Committee</b>	<input type="checkbox"/> Check if 24-hour notice
--	---

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	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>	Category/Type
Mailing Address				
City State Zip Code				
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>	Category/Type
Mailing Address				
City State Zip Code				
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>	Category/Type
Mailing Address				
City State Zip Code				
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	0.00

2017-01-16 01:00:00

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

NON-FEDERAL AND LEVIN FUNDS

**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	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"/> %

NON-FEDERAL AND GOVERNMENT

**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
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 15px; text-align: center;">M</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 15px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 15px; text-align: center;">D</div> </div> <div style="border: 1px solid black; width: 80px; height: 15px;"></div>	

**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) .....	0.00

NON-FEDERAL INFORMATION



**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)  Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B.** Full Name (Last, First, Middle Initial)  Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**C.** Full Name (Last, First, Middle Initial)  Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

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

2017-01-26 10:00 AM

**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 Federal Political Action Committee

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

XXXXXXXXXXXXXXXXXXXX

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

XXXXXXXXXXXXXXXXXXXX

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

XXXXXXXXXXXXXXXXXXXX

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

XXXXXXXXXXXXXXXXXXXX

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

XXXXXXXXXXXXXXXXXXXX

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

XXXXXXXXXXXXXXXXXXXX

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

XXXXXXXXXXXXXXXXXXXX

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

XXXXXXXXXXXXXXXXXXXX

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

XXXXXXXXXXXXXXXXXXXX

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

XXXXXXXXXXXXXXXXXXXX

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Voter ID).....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (GOTV).....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Generic Campaign Activity).....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Total Amount of Transfers Received).....

XXXXXXXXXXXXXXXXXXXX 0.00

NOT FOR INFORMATION GOVERNMENT

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	
			MM / DD / YYYY	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	
			MM / DD / YYYY	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

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

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
				0.00

TOTAL This Period for the Levin Share		

**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)		

NON-CONFIDENTIAL INFORMATION

**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:  1a  2  
 (check only one)

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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	
<p><b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	<p>Aggregate Year-to-Date</p>
<p>Occupation</p>	

<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>	<p>0.00</p>

2025 RELEASE UNDER E.O. 14176

**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

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

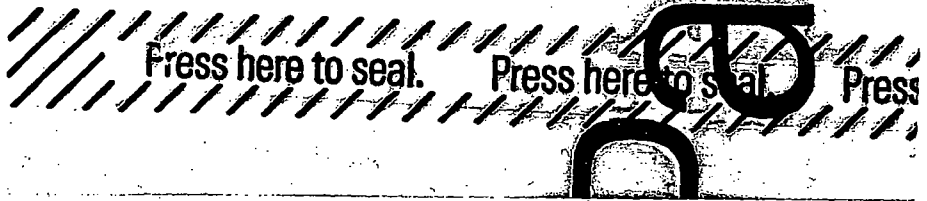
<p><b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Disbursement</p>
<p>Mailing Address</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>	<p><input type="text"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Disbursement</p>
<p>Mailing Address</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>	<p><input type="text"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Disbursement</p>
<p>Mailing Address</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>	<p><input type="text"/></p>
<p><b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Disbursement</p>
<p>Mailing Address</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>	<p><input type="text"/></p>
<p><b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Disbursement</p>
<p>Mailing Address</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>	<p><input type="text"/></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....▶</p>	<p><input type="text"/></p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	<p><input type="text"/> 0.00</p>

2017-01-10 10:00 AM

Fold along dotted line to close

Sender: You must seal flap before shipping

RECEIVED  
FEC MAIL CENTER  
2017 JAN 26 AM 10:25



ORIGIN ID: KXAA (860) 275-8200  
GLENN SANTORO  
ROBINSON & COLE LLP  
280 TRUMBULL STREET

SHIP DATE: 25 JAN 17  
ACTWGT: 1.00 LB  
CAD: 103883659/WWSX12750

HARTFORD, CT 06103  
UNITED STATES US

BILL SENDER

Page 1 of 2

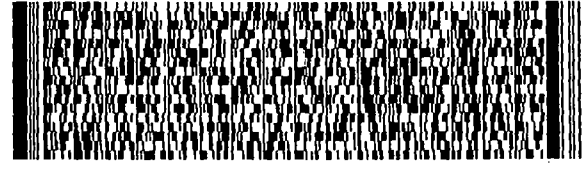
TO

FEDERAL ELECTION COMMISSION  
999 E ST NW

WASHINGTON DC 20463

(860) 275-8200  
INV.  
PC:

REF: 90270.9999-SANTO  
DEPT:



THU - 26 JAN 10:30/

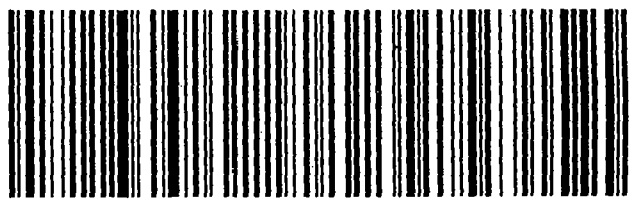
PRIORITY OVERNIGHT

TRK# 7854 1154 6837  
0201

DS  
2046  
IAI

EP RDVA

DC-US



Align top of FedEx Express Shipping Label here.

010111-001 IN010111-001

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PS|Ship - FedEx Label

RT 677

6  
10:30

6837  
01.26

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
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked	Date of Receipt
--	------------	-----------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Priority Mail Express	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>1/25/2017</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
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER <i>MP</i>	<i>1/26/2017</i>
(3/2015)	DATE PREPARED

NON-CONFIDENTIAL