FE6AN026

2010 APR -9 AH 10: 06

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

		- FOI	Other	man An	Authorize	u Commi				Office Use	Only	
1. NAME COMMI	OF ITTEE (in full		E OR P	PRINT V		ample: If ty er the lines.	ping, type	12FE	4M5			
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COMA	ITTE	E	<u></u>		1111			أبلياسا	1.1.			
ADDRESS ((number and s	treet)	80		MBUL		<u> </u>				<u></u>	لسبب
	eck if differe	nt L		3.6	KANK	DE	RCOL	E				ليبي
	n previously corted. (ACC)	H	AR	TFOR	D			CT		610	<u>3</u> _	لسسا
2. FEC ID	DENTIFICAT	ION NUMB	ER ▼		CITY A			STATE	<u> </u>	z	IP CO	DE 🛦
CO	034	13,2	7		3. IS THIS REPORT		NEW (N) OR		AME (A)	NDED		,
4. TYPE (Choose	OF REPO	RT (b) Mon Repo	- BH	Feb 20 (M2		May 20 (M	5)	Aug 2	0 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qu	arterly Report	s:	Due		Mar 20 (M3) [Jun 20 (M6) [Sep 2	0 (M9)		Dec 20 (M12) (Non-Election Year Only)
1 -1	April 15				Apr 20 (M4		Jul 20 (M7)		Oct 20) (M10)		Jan 31 (YE)
M	Quarterly R	eport (Q1)	(c)	12-Day	n	Primary (1	2P)	G	eneral (1	2G)	П	Runoff (12R)
	July 15 Quarterly R October 15			PRE-Election Report for t	وسعوا	Convention	n (12C)	Sp	ecial (12	28)		
L1 [1]	Quarterly R January 31	eport (Q3)			Election on	N V N	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 . 7 .	***		in the State o	
Ö	Year-End R July 31 Mid Report (No.	l-Year n-election	(d)	30-Day POST-Elect	924	General (3			inoff (30			Special (30S)
-	Year Only)	•		Report for t		General (3			111011 (30	וחי	L	Special (303)
. Ц	Termination (TER)	нероп		E	Election on		· [•••]				in the State o	
5. Coverin	g Period	07	0	1 20	jö	through	o.	3 3	11	20	1.0	
I certify that	I have exan	nined this R	eport a	nd to the be	est of my kn	owledge an	d belief it is	true, corre	ect and	complete),	
	nt Name of T		S.	FRAN	•	RCOLE		-				<u></u>
			2							المساقع ا	e	
Signature of	f Treasurer		00	00	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Date	0.4	0		à o i o
NOTE: Subn	nission of fals	e, erroneous	, or inco	omplete infor	mation may s	 subject the p	erson signing	this Repo	ort to the	penalties	s of 2 l	j.S.C. §437g.
- 7	ffice							T		FEC	FOR	м зх
	Jse Only	Į]								v. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Robinson + Cole Federal PAC From: Report Covering the Period: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at 288461 Beginning of Reporting Period..... Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 000 Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 000 · Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

For further information contact:

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

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

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

10930282685

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

V	Vrite	or Tv	ne C	ommittee	Nar	ne

Robinson + Cole Federal PAC

Report	Covering	the	Period:	
··opoit	Q01011119		. oou.	

From





To:

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Cartinus March 1987	

2010

	sport Covering the Feriod. From:	incutione!	البيشييا	President Sandrand	an an inches	barathan banahana national
	I. Receipts		1	COLUMN A otal This Period	Cale	COLUMN B endar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees					
	(i) Itemized (use Schedule A)	··· -			السياسا	
	(ii) Unitemized(iii) TOTAL (add Lines 11(a)(i) and (ii)					
	(b) Political Party Committees					
	(c) Other Political Committees	···· b				
	(such as PACs)(d) Total Contributions (add Lines	L				
	11(a)(iii), (b), and (c)) (Carry					The standard of the standard
	Totals to Line 33, page 5)	>	A	000		0.00
12.	Transfers From Affiliated/Other Party Committees					
13.	All Loans Received					
1.1	Loan Repayments Received	r	بحث فيستادسك			
	Offsets To Operating Expenditures			de anticolor de la Cardina de		
	(Refunds, Rebates, etc.)	r	المرابعة المساوات			
16	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	···· L	<u></u>			
10.	to Federal Candidates and Other	-			ومسودها و	
	Political Committees	L				
17.	Other Federal Receipts	F				
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin	- 1	1-1-0-	LALLAL	السا	
	(a) Non-Federal Account					
	(from Schedule H3)	L				
		T:				
	(b) Levin Funds (from Schedule H5)	L				
	(c) Total Transfers (add 18(a) and 18(b)	»				
19.	Total Receipts (add Lines 11(d),	r				
	12, 13, 14, 15, 16, 17, and 18(c))	· >	34_63			000
20.	Total Federal Receipts	 -				terroller of the section of the sect
	(subtract Line 18(c) from Line 19)	· >		0.0.0	للنا ا	9,00

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: 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..... Contributions to Federal Candidates/Committees and Other Political Committees.... 24. Independent Expenditures 26. Loan Repayments Made..... Loans Made...... Refunds of Contributions To: Individuals/Persons Other Than Political Committees (b) Political Party Committees 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)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 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)

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SCHEDULE A (FEC FORM 3X)	Use separate schedule(s) FOR LINE NUMBER: PAGE 6			
TEMIZED RECEIPTS	for each category of the	(check only one)		
	Detailed Summary Page	13 14 15 16 17		
Any information copied from such Reports and Statements roor for commercial purposes, other than using the name and				
NAME OF COMMITTEE (in Full)				
Robinson + Cole Fede	ral PAC			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address				
City State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	·			
Name of Employer Occupation	on	-		
	te Year-to-Date ▼			
Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) 3.		Date of Receipt		
Mailing Address		Man / Rep / Leader		
City State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer Occupati	on			
	te Year-to-Date ▼	. ·		
Primary General Other (specify) ▼		!		
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address				
City State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer Occupati	on			
Receipt For: Primary General Other (specify) ▼ Aggrega	ite Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	•			
TOTAL This Period (last page this line number only)		0,00		

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC FOIIII 3A)	Use separate schedule(s)	FOR LINE N	
TEMIZED DISBURSEMENTS	for each category of the	(check only o	one) 22 🔀 23 🗍 24 🗍 25 🗐 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used te and address of any political	d by any persor	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Robinson +	Cala Foli	rall	PAC
Full Name (Last, First, Middle Initial)	Cole 1Elli	- ac	
Last, First, wildle initial)			Date of Disbursement
			HAR A GAG ' SAAAAA
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser	nent For:	1,740	Complete Complete and Complete
fi 1 fi	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
3.		ļ	Date of Disbursement
			MANY AGAGA
Mailing Address			have been been been been been been been be
City	State Zip Code		
Purpose of Disbursement			Assessment of Fresh Picker assessed this Politic
Candidate Name			Amount of Each Disbursement this Period
-		Category/ Type	
Office Sought: House Disbursen			
i	Primary ☐ General Other (specify) ▼	1	
State: District:	onto (oboon)) A		
Full Name (Last, First, Middle Initial)			
C			Date of Disbursement
Mailing Address	······································		WANTY DED !
City	State Zip Code		· · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement			Amount of Early Distriction 1911 D. 1
Candidate Name		Category/	Amount of Each Disbursement this Period
045-0		Туре	
Office Sought: House Disburser	nent For: Primary General		
President	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	0.00
TOTAL This Period (last page this line number only)		······································	0.00

CHEDULE C (FEC Form 3	^)	Line consents schodule(-)	PAGE 8 OF 21
DANS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
Robinson + C	ole Federal	PAC	
LOAN SOURCE Full Name (Last, Fi			Election:
1			Primary General
Mailing Address			Other (specify) ▼
City	State ZIP	Code	
Original Amount of Loan	Cumulative Paymen	t To Date Baland	ce Outstanding at Close of This Per
Date Incurred	Date I	Due Interest Rate	Secured: % (apr) Yes
List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Init	• •	I Name of Employer	
1. Full Name (Last, First, Middle Init	iai)	Name of Employer	
Mailing Address		Occupation	•
City	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	state ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	state ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·
		Amount	
City	state ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (o	otional)		
TOTALS This Period (last page in this !	ine only)	_	

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

p. 9 of 21

Supplementary for Information found on Page 2 of Schedule C

Federal Election Commission, Washington, D.C. 20463			Page of Schedule C			
NAME OF COMMITTEE (In Full)	<u> </u>	FEC	IDENTIFICATION NUMBER			
Robinson + Cole Federal	PAC		00341321			
LENDING INSTITUTION (LENDER)	Amount of Loan	_	Interest Rate (APR)			
Full Name						
			*			
Mailing Address	Date Incurred or Established		, Bas , Carrer			
City State Zip Code	Date Due					
A. Has loan been restructured? No Yes	If yes, date originally incurred		/ [· · · · · · · · · · · · · · · · · ·			
B. If line of credit,	Total . Outstanding	والشدوعدسواسدي				
Amount of this Draw:	Balance:					
C. Are other parties secondarily liable for the debt incurre	ed?					
·	st be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the least property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the	value of this collateral?			
No Yes If yes, specify:						
			nder have a perfected security			
E. Are any future contributions or future receipts of intere	est income pledged as .	interest in it	? No Yes estimated value?			
collateral for the loan? No Yes If yes, s	· -	AAUGU IS THE	estimated value?			
<u> </u>						
	Location of account:					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100,142(e)(2).	Location of account.					
Date account established:	Address:					
MEM / BES / VEYAVEY	City, State, Zip:					
F. If neither of the types of collateral described above was						
the loan amount, state the basis upon which this loan	was made and the basis on wh	ich it assure	s repayment.			
	<u>,,</u>		······································			
G. COMMITTEE TREASURER Typed Name		DATE				
Signature			/ LT			
H. Attach a signed copy of the loan agreement.						
I. TO BE SIGNED BY THE LENDING INSTITUTION:						
are accurate as stated above.	 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. 					
 The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of 	cluding interest rate) no more far	orable at th	e time than those imposed for			
III. This institution is aware of the requirement that a	a loan must be made on a basis	which assu	res repayment, and has			
complied with the requirements set forth at 11 C	TH 100.82 and 100.142 in makin	ng this loan. DATE	· .			
Typed Name		DATE	/ [6 8 8] / [4 8 4 4 4 4 4 4			
Signature Tit	le					

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each

PAGE / O OF 2/ FOR (ched

LINE NUMBER:	
ck only one)	 9
	10

~		numbered line)	
NAME OF COMMITTEE (In Full)			
Robinson + Cole	Federal PAC		
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of Debt (Pur	oose):
}		ł	·
Mailing Address	· · · · · · · · · · · · · · · · · · ·		
City State	Zip Code		
State State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor	Nature of Debt (Pur	pose):
		1	
Mailing Address			•
City State	Zip Code	·	
Johny State	Zip Gode		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balar	ice at Close of This Period
Allouit librarios tills tollou	Tayron Time Forest	Outstanding Culti-	ac at close of fine i close
			ليحبي
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Pur	pose):
Malling Address			
City	State Zip Code		.l.
·	State Zip Gode		•
Outstanding Balance Beginning This Period		· · · · · · · · · · · · · · · · · · ·	
			•
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
Valloun mounou vino voinou	Taymon The Fores		100 4. 0.000 0. 1110 1 0.100
Lucinaul L		سا لسمب	
			
1) SUBTOTALS This Period This Page (optional)		<u> </u>	
2) TOTALS This Period (last page this line number o	nly)		
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page or	nly) Þ	0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES	PAGE // OF A) FOR LINE 24 OF FORM 3X
Robinson + Cole Federal PAC	FEC IDENTIFICATION NUMBER V
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure . Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date / P O / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 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 with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
· · · · Date	
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 OF 21 (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) Check if Kobinson + Cole Federal PAC 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: **Presidential** Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) 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 Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре **Mailing Address** Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional)..... 00 TOTAL This Period (last page this line number only).....

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 PAC				
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				

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE		OFa	
ITOL	70	V 7	
	17	~	

NAME OF COMMITTEE (In Full) Robinson + Cole Federal PAC				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT	TE SUPPORT			
ACTIVITIES APPEARING ON THIS REPORT.	•			
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	•			
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commisfederal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	t derived by federal cand unications or voter drives	idates from the ac- that refer to both		
ACTIVITY OR EVENT IDENTIFIER				
AOTH/TV IO	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	**************************************	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	 %		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %		

10030282697

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

PAGE	15 ^{OF}	21
	/ 3	

IAME OF COMMITTEE (In Fuil)				
Kobinson + Cole Federal PAC				
NAM	E OF ACCOUNT	DATE OF RECEIP	+ 1	TOTAL AMOUNT TRANSFERRED
NAIN	E OF ACCOUNT	DATE OF RECEIP	'.	TOTAL AMOUNT THANSFERRED
İ		handend harden		inchesione 22 and an inchesion in a financial and a financial
BRE	AKDOWN OF TRANSFER RECEIVED			
1				
1)	Total Administrative	•••••		
1				
li)	Generic Voter Drive	······································		
1				
l iii)	Exempt Activities	***************************************		
1	•			
lv)	Direct Fundraising (List Activity or Event Iden	ntifier)		
Ì				a
	a)			
1				.
	b)			
i				
1				Control Contro
1	c) Total Amount Transferred For Direct Fundra	ising	······································	
l v)	Direct Candidate Support (List Activity or Ev	ent Identifier)		
"	· ·	o 120.11.110.7		
	a)			
			دعال بيطانيسال ميال الميطانيسال،	1
1	b)			·
1				
Í	c) Total Amount Transferred For Direct Candid	late Support		
1				
	Public Communications Referring Only to I	Barty (Made by PAC	•	
1 417		raity (Made by FAC	//	
	TOTALS FO	OR BREAKDOWN O	F TRANSFER RECEIVE	D ·
TOTAL	This Period (Administrative)	***************************************	1	
	•		أعصا أبعد أستنا أعدب أعنط	
TOTAL	This Period (Generic Voter Drive)		1	
· V I A L	The Forest (denoted voter brive)	***************************************	·· Barrier and Care Council and Council an	one & Committee & Committee & State & Committee & Comm
TOTAL	This Period (Exempt Activities)	······································		
		•		
TOTAL	This Period (Direct Fundraising)			
IATOT	This Period (Direct Candidate Support)			
, UIAL	Silve (Dirot Calididate Capport)	***************************************	Landani	
TOTAL	This Period (Public Communications Referring	Only to Party)		
TOTAL	This Period (Total Amount Transferred)	•••••••		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	16	0	F	21	
FOR I	INE	21a	OF	FORM	3Y

NA	ME OF COMMITTEE (In Full) KODINSON + Cole Federal Pt	HC	
Α.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exempt
	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:	Service de la constitución de la	Allocated Activity or Event Year-To-Date
,	Activity or Event Identifier:	Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
В.	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
•		T	Allocated Activity or Event Year-To-Date
•	Purpose of Disbursement: ·		
	Activity or Event Identifier:	Category/	Stafferstand V Backerstand V Backerstand and Annual V Company of the Company of t
		Type	Date
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
C.	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
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/	· Lund · Land · Lundad
		Туре	Date
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT .
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
TC	TAL This Period (last page for each line only)(Federal share to 21(a)(i) an		
	FEDERAL SHARE NONFEDERAL	. SHARE	TOTAL AMOUNT
	Line Line		

SCHEDULE H5 (FEC Form 3X)

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

To be used by State, District and Local Party C		PAGE 17 OF 31 FOR LINE 18b OF FORM 3X				
NAME OF COMMITTEE (In Full) Robinson + Cole Fed	eral PAC					
	RECEIPT	TOTAL AMOUNT TRANSFERRED				
BREAKDOWN OF THIS TRANSFER						
I) Voter Registration	VOTER REGISTI	RATION				
Total Amount Transferred for Voter Registration	n					
ii) Voter ID	· ·	OTER ID				
Total Amount Transferred for Voter ID						
W 0074		GOTV				
III) GOTV Total Amount Transferred for GOTV						
	in the Committee	GENERIC CAMPAIGN ACTIVITY				
Iv) Generic Campaign Activity Total Amount Transferred for Generic Campai	an Antivity					
Total Amount Transletted for Generic Campai	Ji Activity					
NAME OF ACCOUNT DATE OF	RECEIPT	TOTAL AMOUNT TRANSFERRED				
	, 616 / YAYAYAY					
BREAKDOWN OF THIS TRANSFER	BREAKDOWN OF THIS TRANSFER					
i) Voter Registration	VOTER REGIST	RATION				
'Total' Amount Transferred for Voter Registration	n					
II) Voter ID		VOTER ID				
Total Amount Transferred for Voter ID						
III) GOTV		GOTV				
Total Amount Transferred for GOTV	-					
	Samuelle,	GENERIC CAMPAIGN ACTIVITY				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campa	an Activity					
The state of the s						
TOTALS FOR BREAKDOW	OF TRANSFER RECEIVED (ast Page Only)				
TOTAL This Period (Voter Registration)						
	د با اسطانهها استان که با استان سط مودان او در این او در این او در این					
TOTAL This Period (Voter ID)		·				
TOTAL This Period (GOTV)						
TOTAL This David (Canada Campaign Anti-th-)	Γ					
TOTAL This Period (Generic Campaign Activity)						
TOTAL This Period (Total Amount of Transfers Rece	ived)	000				
·	•					

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	18	OF	21	
EOD II	NE 200	ΔE	EODM	21

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)	
Kobinson + Cole Federal F	PHC
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	
Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
	Time of Allegated Articity of Courts
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV
	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address	A WOODING A COUNTY OF EACH 1981-10-DAIG
City State Zip Code	
Purpose of Disbursement Category/	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Citato Zip Codo	
Purpose of Disbursement Category/	Date / Date
Туре	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
FEDERAL SHARE T LEVIN SHARE	- TOTAL AMOUNT
	السمسمسا
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	
FEDERAL SHARE	TOTAL AMOUNT
LEVIN SHARE	000
TOTAL This Period for the Levin Share	7
FE6AN026	FEC Schedule H6 (Form 3X) Rev. 02/200

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

	Robinson + Cole Federal PAC					
NAME	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(tor Column B, use cash as of January 1st)					
8.	RECEIPTS(from Line 3)					
9.	SUBTOTAL					
10.	(Add Lines 7 and 8) DISBURSEMENTS					
IU.	(From Line 6)					
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					

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

PAGE 200F 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.

		- Panior John Marie	to solicit contributions from such contributes.
Robinson + Cole	Federal	PAC	
Full Name (Last, First, Middle Initial) / Full Organiz	ation Name		Date of Receipt
			Ham (Dap , Asaasa
Mailing Address			Amount of Each Descript this Descript
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation	***		
Full Name (Last, First, Middle Initial) / Full Organiz	ation Name		Date of Receipt
Mailing Addross			- C.B. (V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.
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 Organiz	ration Name		Date of Receipt
AA-Wa- AAA	Marie Control of the		- " " " " " " " " " " " " " " " " " " "
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 Organiz	zation Name	<u> </u>	Date of Receipt
			- C.
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			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			0.00

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SCHEDULE L-B (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMB	ER:	PAG	E	OF 2
(check only one)	П	4a 4b	4c 4d	5

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		
NAME OF COMMITTEE (In Full) Robinson + Cole	Federal Pt	4C
Full Name (Last, First, Middle Initial) / Full Organization A.	n Name	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	n Name	Date of Disbursement
		Hand , Band , Lanasan
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization C.	n Name	Date of Disbursement
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
-	7in Code	handerd banderd banderdandard
City State	e Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	•	
Full Name (Last, First, Middle Initial) / Full Organization	n Name	Date of Disbursement
		BAR BAR LARARAM
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	n Name	Date of Disbursement
		NAK / DED / ARABARA
Mailing Address		
City State	e Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Poriod (last page this line number only)		700

Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fi	OR INCOMING DO	-
Hand Delivered		Date of Receipt
USPS First Class Mail		Postmarked
USPS Registered/Certified		Postmarked (R/C)
USPS Priority Mail	· · · · · · · · · · · · · · · · · · ·	Postmarked
Delivery Confirmation™ or S	gnature Confirmat	ion™ Label
USPS Express Mail		Postmarked
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Red G	Shipping Date 4/1/0 av Delivery
	- Tox Buomedo D	Date of Receipt
Received from House Records & Registrati	on Office	
Received from Senate Public Records Office	ce	Date of Receipt
Received from Electronic Filing Office		Date of Receipt
Other (Specify):	Date of Rece	ipt or Postmarked
23		4/9/10
PREPARER		DATE PREPARED
(3/2005)		