

Robinson+Cole

RECEIVED
FEC MAIL CENTER

2016 OCT 11 AM 10:05

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

October 7, 2016

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


Re: **FEC Form 3X for the Reporting Period Ended: September 30, 2016**

Ladies and Gentlemen:

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

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

Very truly yours,



Glenn A. Santoro

Enclosures

Cc: David M. Panico

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 OCT 11 AM 10:05

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:

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

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

CA

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

CA

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Glenn A. Santoro

Signature of Treasurer

Date

MM / DD / YYYY

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

2016-10-11 09:00:00

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)		

200610110011001001000000

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

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

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

Robinson & Cole Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. See Attached

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

MM / DD / YYYY

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

2,739.00

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

2,739.00

2016-10-11 09:00:00

Doc 13185469-1	Date Received:	<u>9/8/2016</u>	<u>9/21/2016</u>	<u>2016 Aggregate</u> <u>Contributions</u>
Babbitt, Bradford S. 52 Atwater Road Canton, CT 06019	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$20.00	\$20.00	\$ 40.00
Patrick Birney M. 238 S. Main Street Wallingford, CT 06492	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00	\$ 100.00
Cody, Thomas 290 Old Farms Road S. Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$25.00	\$25.00	\$ 50.00
Coulom, Jr. Frank 119 Lawlor Road Tolland, CT 06084	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00	\$ 100.00
Daniels, Eric D. 112 Quail Run Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$100.00	\$100.00	\$ 200.00
Droney, Nuala 93A Loomis Dr. West Hartford, CT 06107	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$100.00	\$100.00	\$ 200.00
Dwyer, Gerald 10 Mountain Estates Drive Avon, CT 06001	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$25.00	\$25.00	\$ 50.00
Elbaum, Steven 51 Tudor Lane Trumbull, CT 06611	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$10.00	\$10.00	\$ 20.00
Gaiamo, Michael S. 32 Mill Street Sherborn, MA 01770	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$25.00	\$25.00	\$ 50.00
Guanci Jr., Matthew J. 299 Farmcliff Drive Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$20.00	\$20.00	\$ 40.00

2016-10-11 09:00:00

Stephen P. Hanson 424 West End Avenue Apt. # 5E New York, NY 10024	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Heffernan, Lawrence P. 36 Aletha Road Needham, MA 02192	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$37.50	\$37.50 \$	75.00
Kane, John H. 9 Tunxis Trail Redding, CT 06896	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$25.00	\$25.00 \$	50.00
Kehoe, E. Christopher 80 Elm Street Hingham, MA 02043	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Krantz, Richard A. 40 Eagle Drive Farifield, CT 06825	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$25.00	\$25.00 \$	50.00
Lacouture, Peter V. 75 Summit Road Exeter, RI 02822	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$100.00	\$100.00 \$	200.00
Ligelis, Gregory J. 74 West Churchill Road Washington, CT 06793	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$20.00	\$20.00 \$	40.00
Lynch, Jr., John B. 15 Clove Hill Wethersfield, CT 06109	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Maglio, Michael F. 35 Leigh Gate Road Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$40.00	\$40.00 \$	80.00
Melvin, Robert S. 23 Watson Drive West Simsbury, CT 06092	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Merriam, Dwight H. 8 Latimer Lane Weatogue, CT 06089	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$25.00	\$25.00 \$	50.00

2019-10-11 09:00:00

Panico, David 95 Stony Corners Circle Avon, CT 06001	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$100.00	\$100.00 \$	200.00
Phillips, Jr., Earl W. 4 Shipyard Road P.O. Box 265 Middle Haddam, CT 06456	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$12.00	\$12.00 \$	24.00
Santoro, Glenn 26 Wyndham Lane Farmington, CT 06032	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$100.00	\$100.00 \$	200.00
Scheib, Jacqueline Pennino 32 Arundel Avenue West Hartford , CT 06107	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$10.00	\$10.00 \$	20.00
Smith, Brian R. 212 Sunset Drive Glastonbury, CT 06033	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Tobin, Rhonda Four Anja Drive Simsbury , CT 06070	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Tucci, Theodore J. 84 Westerly Terrace Hartford, CT 06105	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Varga, Gregory P. 134 Great Pond Road South Glastonbury, CT 06073	Occupation: Attorney Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
Shafer, Howard 51 Brenway Dr. West Hartford, CT 06117	Occupation: CFO Employer: Robinson & Cole LLP Lobbyist . . . ? No Payroll Deduction	\$50.00	\$50.00 \$	100.00
TOTAL		\$1,369.50	\$ 1,369.50	\$2,739.00

2016-10-11 09:00:28

**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"/>
City State Zip Code		<input type="text"/>
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

B.		Date of Disbursement
Mailing Address		<input type="text"/>
City State Zip Code		<input type="text"/>
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

C.		Date of Disbursement
Mailing Address		<input type="text"/>
City State Zip Code		<input type="text"/>
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

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

<input type="text"/>
<input type="text" value="0.00"/>

2016101100102801

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 11 OF 24

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)

Memo Item

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

% (apr)

Yes 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) ▶

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.

20161014 09:00:00 Robinson

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) Robinson & Cole Federal Political Action Committee		FEC IDENTIFICATION NUMBER C 00341321
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 <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/>	
City State Zip Code	Date Due <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/>		
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:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" 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 <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/>
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 <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/> / <input style="width:33%; text-align:center;" type="text"/>
Title		

2016-10-11 09:00:00

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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

2016-10-11 00:00:00

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

NAME OF COMMITTEE (In Full) Robinson & Cole Federal Political Action Committee	FEC IDENTIFICATION NUMBER C 00341321
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount XXXXXXXXXXXXXXXXXXXX
City State Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Category/Type XXXX	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought XXXX	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount XXXXXXXXXXXXXXXXXXXX
City State Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Category/Type XXXX	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought XXXX	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	XXXXXXXXXXXXXXXXXXXX
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	XXXXXXXXXXXXXXXXXXXX
(c) TOTAL Independent Expenditures.....▶	XXXXXXXXXXXXXXXXXXXX

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

2015-10-11 09:00:00

**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) Robinson & Cole Federal Political Action Committee	<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	Category/Type
Mailing Address		Date	
City State Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	
		<input type="text"/>	

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

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

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

NO. 10-11-01-00000000

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

2019-10-14 09:00:00

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.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %

2019-10-11 AM 00:00:00

**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
	MM / DD / YYYY	

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)	

2016-10-11 09:00:00

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

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

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

<p>A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement:</p> <p>Activity or Event Identifier:</p>	<input type="checkbox"/>	<p>Allocated Activity or Event:</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support</p> <p><input type="checkbox"/> Public Comm (ref to party only) by PAC</p> <p>Allocated Activity or Event Year-To-Date</p> <p>Date MM / DD / YYYY</p>
<p>FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT</p>		

<p>B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement:</p> <p>Activity or Event Identifier:</p>	<input type="checkbox"/>	<p>Allocated Activity or Event:</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support</p> <p><input type="checkbox"/> Public Comm (ref to party only) by PAC</p> <p>Allocated Activity or Event Year-To-Date</p> <p>Date MM / DD / YYYY</p>
<p>FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT</p>		

<p>C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement:</p> <p>Activity or Event Identifier:</p>	<input type="checkbox"/>	<p>Allocated Activity or Event:</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support</p> <p><input type="checkbox"/> Public Comm (ref to party only) by PAC</p> <p>Allocated Activity or Event Year-To-Date</p> <p>Date MM / DD / YYYY</p>
<p>FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT</p>		

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

2016-10-11 00:00:00

**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 Mailing Address City State Zip Code Purpose of Disbursement		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 Allocated Activity or Event Year-To-Date 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 Mailing Address City State Zip Code Purpose of Disbursement		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 Allocated Activity or Event Year-To-Date 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 Mailing Address City State Zip Code Purpose of Disbursement		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 Allocated Activity or Event Year-To-Date 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
TOTAL This Period for the Levin Share				

2015-10-11 09:00:00

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)		

UNIVERSITY MICROFILMS

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Date of Receipt

Mailing Address

 City State Zip Code

 Name of Employer or Principal Place of Business

 Occupation

 Amount of Each Receipt this Period

 Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Date of Receipt

Mailing Address

 City State Zip Code

 Name of Employer or Principal Place of Business

 Occupation

 Amount of Each Receipt this Period

 Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Date of Receipt

Mailing Address

 City State Zip Code

 Name of Employer or Principal Place of Business

 Occupation

 Amount of Each Receipt this Period

 Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Date of Receipt

Mailing Address

 City State Zip Code

 Name of Employer or Principal Place of Business

 Occupation

 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).....▶ _____ 0.00

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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 24 OF 24
(check only one) 4a 4c 5
 4b 4d

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

2016-10-11 00:00:00

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ROBINSON & COLE LLP
280 TRUMBULL STREET
HARTFORD, CT 06103
UNITED STATES US

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CAD: 103883659AWSXJ2750

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WASHINGTON DC 20463
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DEPT:
(860) 275-8200



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Page 1 of 2

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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
<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>FedEx</i>	Shipping Date <i>10/7/2016</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

PREPARER *MP*

10/11/2016
DATE PREPARED

2016-10-11 09:00:00