Robinson+Cole

RECEIVED FEC MAIL CENTER

2019 MAY -6 AM 11: 02

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 Federal Express

May 3, 2019

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

Re: FEC Form 3X for the Reporting Period Ended: March 31, 2019

Ladies and Gentlemen:

Enclosed please find the 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

Enclosure

cc: David M. Panico

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED LEU MAIL CENTER

2019 MAY -6 AM II: 02

Office Use Only

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NAME OF COMMITTEE (in fi	•	OR PRINT ▼		mple: If typ r the lines.	ping, lype	12FE4M	· W	
ROBINSON & C	OLE FEDI	ERAL POL		ION CO		<u> </u>		
	1 1 1 1 1	<u> </u>	· .	_	1 1 1 1)	1 1 1 1	,
	280	O ŢRUMĐULL S	TREET :					
ADDRESS (number and ▼	street)		<u> </u>	<u>.</u> .				
Check if difference than previous			<u> </u>	<u> </u>				
reported. (AC		ARTFORD		1111			06103	 -
2. FEC IDENTIFICA	TION NUMBE	R ▼	CITY ▲	· · · · ·		STATE A	ZIP C	ODE A
C C00341321		ار جدد الم	3. IS THIS REPORT	X	NEW (N) OR	AN (A)	MENDED i	,
4. TYPE OF REPO	ORT (b	Report	Feb 20 (M2)	resonant p kg kg kg kg kg kg	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Repo	orts:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	Report (Q1)	(c) 12-Day		Primary (12	!P)	General	(12G)	Runoff (12R)
•	Report (Q2)	PRE-Ele Report f		Convention	(12C)	Special (
Quarterly	Report (Q3)	•	•	TWEW .	י דם יו מ	~	in the	- familiaria
January 3 Year-End	Report (YE)		Election on	American .		Louis attack that on the new	E State	3 6
July 31 M Report (N Year Only	on-election	(d) 30-Day POST-E	شميلة	General (30	oG)	Runoff (3	30P)	Special (30S)
Terminatio	on Report	Report f	or the:	CMCMT.	h for the order	ENGRAPHICA PART	in the	(Meanthean and
TER)			Election on	- And		Language selan	State	
5. Covering Period	01	01	2019	through	03 5 03	31	2019	
I certify that I have exa				wledge and	belief it is tr	ue, correct and	d complete.	<u> </u>
Type or Print Name of		intoro, Glenn, A			##4-\$45	······································		
Signature of Treasurer	9	lem &				Date 05	03	2019
NOTE: Submission of fa	Ise erroneous	/ // or incomplete in	oformation may su	chied the ne	rson signing (this Report to the	ne nepalties of 5	(211SC & 30109
Office	iso, enomeous,	or incomplete if	normation may St	interime be	ason signing i	THIS PROPERTY IN		
Use							FEC FO	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand January 1, 2019 ..(b) Cash on Hand at 7996.36 Beginning of Reporting Period..... 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7996.36 7996.36 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 7996 36 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 05/2016)

Page 3

Write or Type Committee Name

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	1 01		2019		Fo: 03 31	2019
I. Receipts			LUMN A This Per		COLU Calendar Y	MN B ear-to-Date
11. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	• • •			0.00		
(i) Itemized (use Schedule A)		•		0.00	programme to the contract of t	0.00
					• •	
(ii) Unitemized			*	0,00	,	0.00
(iii) TOTAL (add	• •	•	•	0.00	•	0.00
Lines 11(a)(i) and (ii)▶			•	0.00	*	, 0.00
(1) Barrier 1 B 1 B 2 1 B	• •			0,00		0.00
(b) Political Party Committees	,		,	0.00	. ,	,
(c) Other Political Committees	•			0.00		0.00
(such as PACs)			*	•		,
(d) Total Contributions (add Lines						**
11(a)(iii), (b), and (c)) (Carry				0.00		0.00
Totals to Line 33, page 5)				0,00	} "	* * * * * * * * * * * * * * * * * * * *
12. Transfers From Affilialed/Other					•	0.00
Party Committees			7	0.00		0.00
				0.00	÷	0.00
13. All Loans Received	,		-2-	0.00		
14. Loan Repayments Received			-	0.00		0.00
Offsets To Operating Expenditures	•		•		•	,
(Refunds, Rebates, etc.)		-				
(Carry Totals to Line 37, page 5)				0.00	,	0.00
Refunds of Contributions Made	•		•			•
to Federal Candidates and Other					. 1	
Political Committees		,.		0.00		0.00
17. Other Federal Receipts					ž	
(Dividends, Interest, etc.)				0.00		0.00
18. Transfers from Non-Federal and Levin Funds	,		•		•	, ,
(a) Non-Federal Account					ı	
(irom Schedule H3)		,	y	0.00		0.00
					•	
(b) Levin Funds (from Schedule H5)				0.00		0.00
(a) Is an it could (work some as a troy minute	,		•	•		•
(c) Total Transfers (add 18(a) and 18(b))				0.00	•	0.00
	,		•		* .	,
19. Total Receipts (add Lines 11(d),					:	
12, 13, 14, 15, 16, 17, and 18(c))▶				0.00		0.00
• •	• . •		*			,
20. Total Federal Receipts	٠.				1	_
(subtract Line 18(c) from Line 19)▶		•		0,00	•	0.00
• • • • • • • • • • • • • • • • • • • •	State of the Property of the P	•	,			The State of the S

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A	COLUMN B			
Operating Expenditures:	Total This Period	Calendar Year-to-Date			
(a) Allocated Federal/Non-Federal	Explores security in a commercial and the commercial and the commercial commercial commercial and commercial an	man takentura samu s samaminininin angan kan kara naman-angan sa minaninings samu, sa			
Activity (from Schedule H4) (i) Federal Share	0.00	0.00			
(i) receial Shale					
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	The same of the sa	Complete the Annual Complete the Property of the Complete			
Expenditures	0.00	0.00			
(c) Total Operating Expenditures	The state of the s	The second of th			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
. Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	0.00			
. Independent Expenditures					
(use Schedule E)	0.00	0.00			
(52 U.S.C. § 30116(d))	Statement to the marginary and the marginary of the margi				
(use Schedule F)	0.00	0.00			
n					
Loan Repayments Made	0.00	0.00			
Lanna Maria					
Loans Made	0.00	0.00			
(a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
(b) Political Barty Committee					
(b) Political Party Committees	0.00	.0.00 			
(c) Other Political Committees (such as PACs)	Coo				
	0.00				
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))	0.00	0.00 to the second control of the second con			
Other Dishuraemente /Institution	Seminar and a seminar of the seminar	The same of the sa			
Other Disbursements (Including					
Non-Federal Donations),	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101	(20))				
(a) Allocated Federal Election Activity					
(from Schedule H6)	and a second control of the control	y man and the state and the st			
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid	1				
Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
• • • • • • • • • • • • • • • • • • • •	المستنبذة ويستعف ويستعمل ويتحاصي والمستنفين والمستنفي والمستنفي والمستنفية والمستنفية والمستنفية والمستنفية والمستنفذة والمستنفية والمستنفذة والمستنفذ والمستنفذة وال				
Total Disbursements (add Lines 21(c), 22,					
		0.00			
	0.00	0.00			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))					
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) Total Federal Disbursements	Earth adds (IN glassing Constant of the Const	_			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 COLUMN A COLUMN B III. Net Contributions/ Total This Period Calendar Year-to-Date Operating Expenditures 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) 0.00 0.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Oftsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00

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0024-67.00

SC	CHEDULE A (FEC Form 3X)		llan namentabb-lef-Y	FOR LINE NUMBER: PAGE 6 . OF 21				
IT	EMIZED RECEIPTS	!	Use separate schedule(s) for each category of the	(check only one)				
			Detailed Summary Page	11a 11b 11c 12 13 : 14 15 16 17				
	v information period from such Bonorts and St	lalamania m	av net he gold er uged by nav n	·*				
	y information copied from such Reports and St for commercial purposes, other than using the							
\angle	NAME OF COMMITTEE (in Full)			1				
$ \rangle$		•						
\angle								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name	Date of Date in				
Α.	Mailing Address		· · · · · · · · · · · · · · · · · · ·	Date of Receipt				
	Mailing Address							
	City	State	Zip Code	- Landied Control Landau Control				
				Amount of Each Receipt this Period				
	FEC ID number of contributing		The Section Condens					
	federal political committee.		_ <u></u>					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Tvaile of Employer (for inclined all)	1000	·					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	Aggregate	Teal-10-Date +	g				
	Other (specify) ▼							
В.	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name	Date of Receipt				
D.	Mailing Address			Date of hecelpt				
	Walling Address							
	City	State	Zip Code .	Summer bearings boundaring				
				Amount of Each-Receipt this Period				
	FEC ID number of contributing							
	federal political committee.							
	Name of Employer (for Individual)	1000	supation (for Individual)	Memo Item				
	· · · · · · · · · · · · · · · · · · ·	0 33						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General							
	Other (specify) ▼		<u> </u>					
-								
C.	Full Name of Individual (Last, First, Middle Init	nan or Full C	organization Name	Date of Receipt				
٠.	Mailing Address			FIRST / FORTH / FORTY V				
	City	State	Zip Code					
				Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.							
	Name of Employer (for Individual)	\ Occ	upation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼	1				
	Primary General			1				
	Other (specify)			<u> </u>				
Γ.								
١	SUBTOTAL of Receipts This Page (optional)			0.00				
<u> </u>	and the state of t							
T	OTAL This Period (last page this line number	only)		<u>U.UU</u>				

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0.5
Ö

SCHEDULE B (FEC Form 3X) PAGE 7 FOR LINE NUMBER: Use separate schedule(s) ITEMIZED DISBURSEMENTS (check only one) for each category of the 21b 22 Detailed Summary Page 28 a 28b 28c 29 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)

\angle							
Α.	Full Name (Last, Fi	rst, Middle Initial)					Date of Disbursement
	Mailing Address		·				
	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code		FEC Identification Number
٥	Purpose of Disburs	ement					C
	Candidate Name Category/ Type						Amount of Each Disbursement this Period
	Office Sought:	House Senate President District:	Disburs	ement For: Primary Other (spe	☐ General		Memo Item
	Full Name (Last, Fi						1
В.		,,					Date of Disbursement
	Mailing Address	****					
	City		•	State	Zip Code		FEC Identification Number
	Purpose of Disburs	ement		 			C
	Candidate Name					Category/	Amount of Each Disbursement this Period
	Office Sought:	House Senate President	Disburs	ement For: Primary Other (spe		Туре	Memo Item
_		District:					i Maino Rein
c.	Full Name (Last, Fi	rst, Middle Initial)					Date of Disbursement
	Mailing Address				-		1
	City			State	Zip Code		FEC Identification Number
	Purpose of Disburs	ement	,	1	1		C
	Candidate Name				-74 - 77	Category/ Type	Amount of Each Disbursement this Period
	Office Sought: State:	House Senate President District:	Disburs	ement For: Primary Other (sp	General ecify) ▼		Memo liem
Γ.	SUBTOTAL of Disbu	reamente This Pac	e (options!)			<u> </u>	0.00
\vdash	FOTAL This Period (0.001
1 '	OTAL THIS Period (iasi page this line	number on	نروا		······	

OF 21

27 .

30b

SCHEDULE C (FEC Forn	n 3X)			<u> </u>				
OANS			Use separate schedule					
			for each category of the Detailed Summary Pag	6 ·				
NAME OF COMMITTEE (In Full)			Bolanoa Commany Lag	ON LINE IS OF FORM SX				
NAME OF COMMITTEE (III Full)								
LOAN SOURCE Full Name (Las	st, First, Mi	iddle Initial)	Memo Item	i r				
1				Primary				
Mailing Address				General Other (specify) ▼				
				1				
City		State ZIP	Code	-{!				
		Sidio						
Original Amount of Loan	_	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Period				
TERMS		· · · · · · · · · · · · · · · · · · ·		1				
Date Incurred	7 7 77	Date Du ער לים ערם ערם איר	le Interest Rate	e1 Secured:				
				% (apr) Yes No				
List All Endorsers or Guarantors	s (if any)	to Loan Source						
1. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address			Occupation	<u> </u>				
·		·						
Cily	State	ZIP Code	Amount Guaranteed					
			Outstanding:					
2. Full Name (Last, First, Middle	Initial)		Name of Employer	1				
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Occupation	1				
Walling Address			Occupation					
City	State	ZIP Code	Amount					
	1		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount					
		_	Guaranteed Outstanding:	<u> </u>				
4. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address	· · · · · · · · · · · · · · · · · · ·		Occupation	, , , , , , , , , , , , , , , , , , ,				
City	State	ZIP Code	Amount					
			Guaranteed					
			Come					
SUBTOTALS This Period This Page	e (optional)		······	0.00				
TOTALS This Period (last page in t	his line on	ly)		0.00				
Carpy outstanding balance only to	INE 2 Co	hedule D for this line	If no Schedule D. carpy for	ward to appropriate line of Summary.				
carry carataliding palatice only to	, 30	medure is, for this line.	in his somedure of carry for	mana to appropriate title of administry.				

Signature

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

Supplementary for Information found on Page 8 of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER LENDING INSTITUTION (LENDER) Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit, Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guaranitors must be reported on Schedule C.) Wha: is the value of this collaterat? 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? Yes If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: 0 0 / City, State, Zip: 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 DATE Typed Name Sign ature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: 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 (including interest rate) no more tavorable 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. DATE AUTHORIZED REPRESENTATIVE Typed Name

Title

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 10	OF 21
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one)	9
NAME OF COMMITTEE (In Full)		····	1		1 1 1
			į.		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
Mailing Address					
City	State	Zip Code	1		
·	State .	Zip Code	1		
Outstanding Balance Beginning This Period			1		
. Amount Incurred This Period	Pa	yment This Period	, Outstandi	ng Balance at Close of `	This Period
					
			خصيا لسمح		السخست.
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
	,				
Mailing Address					-
City	State	Zip Code			
		<u> </u>			
Outstanding Balance Beginning This Period					
			1	,	
Amount Incurred This Period		yment This Period		ng Balance at Close of ⁻	This Period
	markensi (in				
C. Full Name (Last, First, Middle Initial) of Debtor			1	Pebt (Purpose):	1
jo. van name (casi, viia, masie iiima) er bester	o, 5, 60.101		1	, oct (* 6. poco).	•
Mailing Address					
Walling Addicas					•
City	State	Zip Code			
Outstanding Balance Beginning This Period					<u> </u>
Cutatanang Balanco Bogining (116 - Oned	•		İ.		
American Indiana de This Paried	De	umant Thin Davind	Outstandi	ng Balance at Close of	Thic Period
Amount Incurred This Period	ra سرسی	yment This Period	Outstand	ing balance at close of	
			حجا لحد		
	17,	······································			~-~~
1) SUBTOTALS This Period This Page (optional)					أحجنت
2) TOTALS This Period (last page this line number	only)	.,,	>		
2) TOTAL OUTSTANDING LOANS (Calante	' (logt = s = = =	antis)		<u>, , , , , , , , , , , , , , , , , , , </u>	
3) TOTAL OUTSTANDING LOANS from Schedule C	, trast page o	oniy)			
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summ	ary Page (last page o	nly) ▶		UU.

SCHEDULE E (FEC Form 3X)			·
ITEMIZED INDEPENDENT EXPENDITUR	169		PAGE 11 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
,			C
Check if 24-hour report 48-hour report	New :	eport Amends repo	ort filed on Way (DAD (YAYAYA
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
			Man / D D / Y Y Y Y Y
Mailing Address			Amount ·
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/	Date of Dissolution of Configuration
		Туре	
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State: Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	<u> </u>
			BAR , DEG , YAYAYA
Mailing Address			Amount
City	State	Zip Code	Allosate and a second a second and a second
- Only	State	Zip Code	
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
·		Туре	
Name of Federal Candidate:		Support	Office Sought: House District:
	· · · · · · · · · · · · · · · · · · ·	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General Other (specify) ▶
·		, <u></u>	Other (specify)
(a) SUBTOTAL of Itemized Independent Expend	tures		>
	,		
(b) SUBTOTAL of Unitermized Independent Expe	nditures		
(c) TOTAL Independent Expenditures		······································	
	andidate or authori		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
	ţ		(M
		Date	·

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

N	BEHALF OF CANDIDATES FOR FED	ERAL	L OFFICE	= ` ´		PAGE	12	of 21	
	(To be used only	by Po	litical Comm	nittees in the Gen	eral Elect.or) FOR L		OF FORM 3X	
ΝĀ	ME OF COMMITTEE (in Full)				325-7416-7				
	s your committee been designated to make	Full N	ame of Subc	ordinate Committee					
coc	ordinated expenditures by a political party committee?						1		
lf Y	(ES, name the designating committee:	Mailing Address							
	•	City -		,		State	ZIP C	ode	
				P					
1	Full Name (Last, First, Middle Initial) of Each Payee			Memo Item	Purpose of	Expenditure	,		
						<u>.</u>		Category/	
	Mailing Address		 			•		Туре	
	-City State		Zip Code	· · , ,	Date איייייייייייייייייייייייייייייייייייי	/ 10 × 10 1	/ Property	~~~~~~ ~	
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	Name of Federal Candidate Supported Office Sough	}	House Senate	State:	Amount				
		}{	Presidential	District:					
	Aggregate General Election		Çanışınışı	-	Concert Control				
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	Full Name (Last, First, Middle Initial) of Each Payee			, Memo Item	Purpose of	Expenditure			
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}	City State		Zıp Code	";;;	Date	I , Leavenne	, _{[202}		
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			Senate Presidential	District:	1		marije marije		
	Aggregate General Election	} 	2 2 2			كسكا المسك	est? Desertion	السعب	
	Expenditure for this Candidate ▶		(*) <u></u>	لحد	-				
	Full*Name (Last, First, Middle Initial) of Each Payee			Memo Item	Purpose o	f Expenditure		<u> </u>	
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				•	Canada mari		m Çalanıyı	in the state of th	
SI	UBTOTAL of Expenditures This Page (optional)								
т/	OTAL This Period (last page this line number only)					· · · · · · · · · · · · · · · · · · ·		0.00	
1	OTAL THIS FERIOU (IASI PAGE INS THE HUMBER ONLY)				Land out	<u> </u>	e(13mm2m		

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds and Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
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)

LLOCATION RATIOS	PAGE OF
	14 21
AME OF COMMITTEE (In Full)	
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT	
lethods of allocation:	
 FUNDRAISING activities are allocated using the "funds received method" where the lederal properties expenses must equal the lederal proportion of monies raised. 	ortion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to where the federal proportion of disbursements is based on the benefit derived by federal candidativity. For PACs Only: Direct candidate support includes public communications or voter drives the federal and nonfederal candidates, regardless of whether there is a reference to a political party, are allocated using a time/space method.	ates from the ac- hat refer to both
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	NONFEDERAL %
Fundraising Direct Candidate Support 1 %	%
CHECK IF THE RATIO IS:	
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	NONFEDERAL %
Fundraising Direct Candidate Support . %	%
CHECK IF THE RATIO IS:	
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	NON FEDERAL %
Fundraising Direct Candidate Support %	%
CHECK IF THE RATIO IS:	
New Revised Same as Previously Reported	•
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	NON FEDE RAL %
Fundraising Direct Candidate Support %	%
CHECK IF THE RATIO IS:	23 1000-100
New Pevised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	NON FEDERAL %
Fundraising Direct Candidate Support %	%
CHECK IF THE RATIO IS:	
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	NONFEDERAL %
Fundraising Direct Candidate Support %	%
CHECK IF THE RATIO IS:	
New Revised Same as Previously Reported	

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18

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY FOR LINE 18a OF FORM 3X NAME OF COMMITTEE (In Full) NAME OF ACCOUNT BREAKDOWN OF TRANSFER RECEIVED i) Total Administrative ii) Generic Voter Drive iii) Exempt Activities..... iv) Direct Fundraising (List Activity or Event Identifier) c) Total Amount Transferred For Direct Fundraising v) Direct Candidate Support (List Activity or Event Identifier) 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).....

TO TAL This Period (Total Amount Transferred).....

MO-M. Oh. Oh. Oh. Oh. Oh. Good

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

16	^{0f} 21	,
EOR LIN	IE 21a OE EOBM	3 Y

NA	ME OF COMMITTEE (In Full)				
Α.	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:	_1		Allocated Activity or Event Year-To-Date	
	Activity or Event Identifier:			Calegory/ Type	Date
	FEDERAL SHARE	+	NON FEDE RAL	SHARE	= { TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address	<u>``</u>			Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	— Was	Category/		
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
c .	Full Name (Last, First, Middle Initial)	Nacini Casan One	affilme "Nevertheard I Se	Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City				l
	S.,	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	State	Zip Code		Allocated Activity or Event Year-To-Date
		State	Zip Code	Category/ Type	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Activity or Event Identifier:			Туре	Allocated Activity or Event Year-To-Date Date
٠,	Purpose of Disbursement:	State	Zip Code	Туре	Allocated Activity or Event Year-To-Date
sı	Purpose of Disbursement: Activity or Event Identifier:	+	NONFEDE RAI	Type SHARE	Allocated Activity or Event Year-To-Date Date
sı	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	Activity This	NONFEDE RAU	Type SHARE	Allocated Activity or Event Year-To-Date M M / D D / YYYYY Date TOTAL AMOUNT
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	Activity This	NONFEDE RAL	SHARE SHARE d NonFederal sh	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT O.00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and Local Party Committees Only)	PAGE 17 OF 21 FOR LINE 186 OF FORM 3X
NAME OF COMMITTEE (In Full)	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration Total Amount Transferred for Voter Registration	RATION
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID
iii) GOTV Total Amount Transferred for GOTV	GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT DATE OF RECEIPT MTM / TOTO / YTYTYTY	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	FRATION
i) Voter Registration Total Amount Transferred for Voter Registration	HATION
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID
iii) GOTV Total Amount Transferred for GOTV	GOTV GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	(Last Page Only)
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	
TOTAL This Period (Total Amount of Transfers Received)	0.00

FEC Schedule H5 (Form 3X) Rev. 06/2016

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 OF 21
FOR LINE 30a OF FORM 3X

A 5 4	E OF COMMITTEE (In Fill)				
AIV)	E OF COMMITTEE (in Full)	-			
A	. Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Memo liem	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
-	failing Address				Allocated Activity or Event Year-To-Date
-	Sity	State	Zip Code		
L	· · · · · · · · · · · · · · · · · · ·		,		May 1 Caro 1 Landstand
Ľ	urpose of Disbursement			Category/ Type	Date !
ı	FEDERAL SHARE	+	LEVIN	SHARE	TOTAL AMOUNT
				<u></u>	
В	. Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Memo Item	
			·		Voter ID GOTV Generic Campaign
 	Nailing Address				Allocated Activity or Event Year-To-Date
	·it.	State	- Zin Codo		
	ity	State	Zip Code		[Mar Mar / Polation / Programmer]
F	Purpose of Disbursement		_	Category/ Type	Date
	FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
	. Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Memo Item	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign
			 		Allocated Activity or Event Year-To-Date
L	Mailing Address	1 State	To Code	·	
L	City	State	Zip Code		
F	Purpose of Disbursement		,	Category/ Type	Date
	FEDERAL SHARE	+	LEVIN :		= TOTAL AMOUNT
L SUB	TOTAL of Shared Federal and Levin	Activity This	Page		
	FEDERAL SHARE	+	LEVIN :	SHARE	= 'TOTAL AMOUNT
**	<u> </u>		V		
гот	AL This Period (last page for each lin FEDERAL SHARE	ie only)(Fede	eral share to 30(a)(i)	and Levin share to	5 30(a)(ii)) TOTAL AMOUNT
	FEDERAL SHARE		. •		0.00
		I	LEVIN :	SHARE	
ОТ	AL This Period for the Levin Share	Į.	مناسمان المواتسان	et back and and its and	<u>'</u>
					FEC Schedule H6 (Form 3X) Rev. 05/201

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)		
NAM	E OF ACCOUNT		
	- Comment of the Comm	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized		
	(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		
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		7-0-10-10-10-10-10-10-10-10-10-10-10-10-1
10.	DISBURSEMENTS		
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)

PAGE 20	OF 21
1a	2

			Aggregation Page	(check only one)
	y information copied from such Reports and Statements may for commercial purposes, other than using the name and ad			
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	NAME OF COMMITTEE (In Full)	,		
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Org	on Name Memo Item	Date of Receipt	
	Mailing Address			Amount of Each Receipt this Period
		State	Zip Code	
	Name of Employer (for Individual)			Aggregate Year-to-Date
	Occupation (for Individual)			
3.	Full Name of Individual (Last, First, Middle Initial) or Full Or Mailing Address	ganizati	on Name [] Memo Item	Date of Receipt
		<u></u>		Amount of Each Receipt this Period
		State	Zip Code	
	Name of Employer (for Individual)			Aggregate Year-to-Date
	Occupation (for Individual)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	112-1-12-1-1-12-1-1-12-1-1
C,	First, Middle Initial) or Full Organization Mailing Address	ganizati	on Name L.] Memo Item	Date of Receipt
				Amount of Each Receipt this Period
		State	Zip Code	
	Name of Employer (for Individual)			Aggregate Year-to-Date
	Occupation (for Individual)			
IJ.	Full Name of Individual (Last, First, Middle Initial) or Full Or	ganizati	on Name Memo Item .	Date of Receipt אין
	Mailing Address		Amount of Each Receipt this Period	
	City	Zip Code		
	Name of Employer (for Individual)		Aggregate Year-to-Date	
	Occupation (for Individual)			
Si	UBTOTAL of Receipts This Page (optional)		<u> </u>	
T	OTAL This Period (last page this line number only)		<u> </u>	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 NUMB	ER:	PAG	E 2	1	OF	21
(check only one)		₄a ∫			_	٦_
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	₄ لـــا	₽b [4d		

OF	LEVIN FUNDS		Aggregatio	ategory of the on Page	4a 4c 5 4b 4d
	y information copied from such Reports and Stal for commercial purposes, other than using the n				
$\left. \right\rangle$	NAME OF COMMITTEE (In Full)			,	·.
Α.	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement			
	Mailing Address				
	City Purpose of Disbursement	State	Zip Code		Amount of Each Disbursement this Period
в.	Full Name (Last, First, Middle Initial) / Full Orga	nization Nan	ne	☐ Memo Item	Date of Disbursement
	Mailing Address				
	Purpose of Disbursement	State	Zip Code	***************************************	Amount of Each Disbursement this Period
		·			
c.	Full Name (Last, First, Middle Initial) / Full Orga Mailing Address	Memo Item	Date;of Disbursement		
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		<u>: . .</u>		
D.	Full Name (Last, First, Middle Initial) / Full Orga	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 Name					Date of Disbursement
•	Mailing Address	/ / / * / * / * / * / * / * / * / * / *			
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
s	SUBTOTAL of Disbursements This Page (optiona	l)			
T	OTAL This Period (last page this line number or	 nlv)			0.00

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5-6-19

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