

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

NOV DEC -6 P 10:20

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines

ROBERTSON, A. COLLEGE FEDERAL POLITICAL ACTION COMMITTEES

ADDRESS (number and street) 1230 TROMBINI STREET C/O S. FRANK D'ERCOLE HARTFORD CT 06103

2. FEC IDENTIFICATION NUMBER 000341321 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 10-Day PRE-Election Report for the: Primary, Convention, General, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10/01/2004 through 11/30/2004

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 S. FRANK D'ERCOLE

Signature of Treasurer [Handwritten Signature] Date 12/01/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497b.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ROBINSON R. CALLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10 01 2004

To:

11 30 2004

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2004		6,678.21
(b) Cash on Hand at Beginning of Reporting Period	6,665.21	
(c) Total Receipts (from Line 19)	0.00	2,787.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,665.21	9,452.21
7. Total Disbursements (from Line 31)	0.00	2,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,665.21	6,665.21
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ROBINSON L COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period From: 11/01/2004 To: 11/30/2004

Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11 Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A).....	0.00	2797.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	2797.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 19, page 5).....▶	0.00	2797.00
12 Transfers From Affiliated Party Committees.....	0.00	0.00
13 All Loans Received.....	0.00	0.00
14 Loan Repayments Received.....	0.00	0.00
15 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16 Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17 Other Federal Receipts (Dividends, interest, etc.).....	0.00	0.00
18 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....	8.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)).....	8.00	0.00
19 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8.00	2797.00
20 Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	2,200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(c)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(2D))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32. Total Federal Disbursements (subtract Lines 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	2,200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	2,267.00
34. Total Contribution Refunds (from Line 26(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	2,267.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)  
**ROBINSON Q COLE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **0.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

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

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)

**BLUMBERG & COLE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Amount of Each Disbursement This Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Amount of Each Disbursement This Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

**LOANS**

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

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan  
Cumulative Payments To Date  
Balance Outstanding at Close of This Period

TERMS  
Date Incurred Date Due Interest Rate Secured:  
 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) ▶

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



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

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>ROBINSON &amp; COLE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>C 00341321</b>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established	DATE	
City State Zip Code	Date Due	DATE	

A. Has loan been restructured?  No  Yes If yes, date originally incurred DATE

B. If line of credit, Amount of this Draw: Total Outstanding Balance: DATE

C. Are other parties secondarily liable for the debt incurred?  
 No  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?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? \_\_\_\_\_  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
 Date account established: \_\_\_\_\_  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER  
 Typed Name \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature \_\_\_\_\_

H. Attach a signed copy of the loan agreement.  
 I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 1. 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.  
 2. 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.  
 3. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

0 10

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code
Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code
Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code
Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

Summary table with 4 rows: 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). Includes handwritten values like 0.00.

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) <b>RATHBUN &amp; COLE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>010341321</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date

**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 (2 U.S.C. §441a(d))**

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

PAGE **01** OF **01**  
FOR LINE 25 OF FORM 5X

NAME OF COMMITTEE (in Full) <b>ROBINSON &amp; COLE FEDERAL POLITICAL ACTION COMMITTEE</b>	<input type="checkbox"/> Check if 24-hour notice
--	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee  Mailing Address  City State ZIP Code
--	--

First Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City State Zip Code  Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Purpose of Expenditure <input type="checkbox"/> Category/Type  Date Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(b)(4)(A)-1)
---	--

Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City State Zip Code  Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Purpose of Expenditure <input type="checkbox"/> Category/Type  Date Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(b)(4)(A)-1)
--	--

Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City State Zip Code  Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Purpose of Expenditure <input type="checkbox"/> Category/Type  Date Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(b)(4)(A)-1)
--	--

SUBTOTAL of Expenditures This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

**USE ONLY ONE SECTION**

**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)

**Separate Segregated Funds and Non-Connected Committees**

Funds Expended

Estimated Direct Candidate Support -- Federal..... 0.00%

Estimated Direct Candidate Support -- Non-Federal..... %

**ADJUSTMENTS TO FUNDS EXPENDED:**

Actual Direct Candidate Support -- Federal..... 0.00%

Actual Direct Candidate Support -- Non-Federal.....

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE   OF  

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:

1. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
2. 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.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %	NON-FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %	NON-FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %	NON-FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %	NON-FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %	NON-FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %	NON-FEDERAL % <span style="border: 1px solid black; padding: 2px;"> </span> %

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

PAGE      OF       
FOR LINE 18a OF FORM 2X

NAME OF COMMITTEE (In Full)  
ROBINSON & CO. FEDERAL POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**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 .....	

**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 (Total Amount Transferred) .....	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS OF ALLOCATED FEDERAL/NON-FEDERAL ACTIVITY

PAGE OF FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (in Full) ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

Form A: Full Name (Last, First, Middle Initial), Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, Date, FEDERAL SHARE, NON-FEDERAL SHARE, TOTAL AMOUNT

Form B: Full Name (Last, First, Middle Initial), Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, Date, FEDERAL SHARE, NON-FEDERAL SHARE, TOTAL AMOUNT

Form C: Full Name (Last, First, Middle Initial), Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, Date, FEDERAL SHARE, NON-FEDERAL SHARE, TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page, FEDERAL SHARE, NON-FEDERAL SHARE, TOTAL AMOUNT, TOTAL This Period (last page for each line only), FEDERAL SHARE, NON-FEDERAL SHARE, TOTAL AMOUNT, TOTAL This Period for the Non-Federal Share



**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 01 OF 01  
FOR LINE 483 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	11/15/2011	

**BREAKDOWN OF THIS TRANSFER**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	11/15/2011	

**BREAKDOWN OF THIS TRANSFER**

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

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration)	0.00
TOTAL This Period (Voter ID)	0.00
TOTAL This Period (GOTV)	0.00
TOTAL This Period (Generic Campaign Activity)	0.00
TOTAL This Period (Total Amount of Transfers Received)	0.00

**SCHEDULE H8 (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 D COLE FEDERAL POLITICAL ACTION COMMITTEES**

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

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<b>TOTAL This Period (next page for each line only) (Federal share to 30(a)(1) and Levin share to 30(b)(4))</b>				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>				

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

FOR LINE NUMBER: (check only one)  a  b

Any information copied from such Reports and Statements may not be 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 S. LEVIN FEDERAL POLITICAL ACTION COMMITTEE

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

Date of Receipt

00 00 00

A.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

00 00 00

B.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

00 00 00

C.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

Date of Receipt

00 00 00

D.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Handwritten totals and signatures in the summary box.

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 (check only one) PAGE 21 OF 21
4a 4c 5
4b 4d

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

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

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

A. Mailing Address

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

B. Mailing Address

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

C. Mailing Address

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

D. Mailing Address

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

E. Mailing Address

Date of Disbursement

MM / DD / YYYY

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)

Handwritten totals: 0.00, 0.00

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
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12-2-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>Jan 10</i> PREPARER	12-6-04 DATE PREPARED