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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type
over the lines

12ERAMS

ROBINSON & COLE FEDERAL POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

200 IRVINGVILLE STREET
1410 S. FRANK D'ERCOLE
WATERLOO IOWA 50614

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000341321

3. IS THIS
REPORT

NEW
(N) OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) 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)

(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)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

12/22/2004

through

12/31/2004

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

Date

01/18/2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2005)

Write or Type Committee Name

ROBINSON / COLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

11 23 2004

To:

12 31 2004

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1, 2004

6,078.21

(b) Cash on Hand at
Beginning of Reporting Period.....

6,665.21

(c) Total Receipts (from Line 19).....

0.00

2,767.66

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(b) and 6(c) for Column B).....

6,665.21

6,665.21

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 multiballot 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

P. HINGSON & LOLE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

11/23/2004

To:

12/31/2004

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Partners Other Than Political Committees

(i) Required (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii).....

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 30, page 5).....

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b)).....

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....

Table with 2 columns: COLUMN A Total This Period and COLUMN B Calendar Year-to-Date. Rows correspond to items 11(a)-(d), 12, 13, 14, 15, 16, 17, 18(a-c), 19, and 20. Values are handwritten in the cells.

DETAILED SUMMARY PAGE
of Disbursements

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 Affiliates/Other Party		
Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (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(20))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(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(a), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEO 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	27,877.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	27,877.66
36. Total Federal Operating Expenditures (add Line 21(a)(1) 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 or line Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 6 OF 21	
<input checked="" type="checkbox"/> 13A	<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.

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

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

____/____/____

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

____/____/____

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (add page 3's line number only) ▶

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28
<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)

Date of Disbursement

A.

Mailing Address

MM/DD/YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

MM/DD/YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

MM/DD/YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0.00
0.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 21 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) Mailing Address City State ZIP Code Election: Primary General Other (specify)

Original Amount of Loan Cumulative Payment 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

Table with 4 rows for guarantors. Columns include: Full Name (Last, First, Middle Initial), Mailing Address, City, State, ZIP Code, Name of Employer, Occupation, Amount Guaranteed Outstanding.

SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this 3rd party)

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) ROBINSON & CULPE FEDERAL POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C00341321
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
	Date Incurred or Established	
	Date Due	
Mailing Address		
City	State	Zip Code
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred		
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:
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? _____ 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? _____
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 Signature		DATE _____
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 _____
Title		

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

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

FORM LINE NUMBER:
(check only one)

6
10

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose)

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose)

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose)

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00
0.00
0.00
0.00

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

NAME OF COMMITTEE (in Full) ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE		FED IDENTIFICATION NUMBER 0100241341
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	Amount
City State Zip Code	

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	Amount
City State Zip Code	

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	Amount
(b) SUBTOTAL of Unitemized Independent Expenditures	Amount
(c) TOTAL Independent Expenditures	Amount

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 12 OF 21 FOR LINE 25 OF FORM 3X

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

Check if 24-hour notice

Has your Committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payor: Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State District: Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Date Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

Full Name (Last, First, Middle Initial) of Each Payor: Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State District: Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Date Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

Full Name (Last, First, Middle Initial) of Each Payor: Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State District: Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Date Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

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

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.....

3%

ADJUSTMENTS TO FUNDS EXPENDED:

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

0.06%

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

ROBINSON 2016 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.

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	_____ % _____ %	_____ % _____ %
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	_____ % _____ %	_____ % _____ %
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	_____ % _____ %	_____ % _____ %
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	_____ % _____ %	_____ % _____ %
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	_____ % _____ %	_____ % _____ %
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	_____ % _____ %	_____ % _____ %

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

PAGE 5 OF 21
FOR LINE 18a OF FORM 8X

NAME OF COMMITTEE (In Full)
ROBINSON & COLE 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 16 OF 21
FOR LINE 27 OF FORM 8X

NAME OF COMMITTEE (in Full)

ROBINSON & COE FEDERAL POLITICAL ACTION COMMITTEE

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support

Allocated Activity or Event Year-To-Date

Month: 1 2 3 4 5 6 7 8 9 10 11 12

Year: 200 0 1 2 3 4 5 6 7 8 9

Date: / /

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

FEDERAL SHARE

+

NON-FEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

FEDERAL SHARE

+

NON-FEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

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 to 21(a)(1) and Non-Federal share to 21(b)(4))

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 17 OF 21 FOR LINE 185 OF FORM 3X

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration

VOTER REGISTRATION

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

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration

VOTER REGISTRATION

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

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)

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 L CLIF FEDERAL POLITICAL ACTION COMMITTEE

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

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date

Purpose of Disbursement

Category/Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date

Purpose of Disbursement

Category/Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date

Purpose of Disbursement

Category/Type

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 80(a)(3) and Levin share to 80(a)(1))
FEDERAL SHARE

TOTAL This Period for the Levin Share
LEVIN SHARE

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

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

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1a 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 (See Column B, use cash on hand at 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)	000	000

SCHEDULE L-A (FEC Form 3X)

ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one) 1a 2

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

Date of Receipt

12/15/2010

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

Date of Receipt

12/15/2010

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

Date of Receipt

12/15/2010

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

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

Date of Receipt

12/15/2010

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Handwritten totals and signatures in the bottom right corner.

SCHEDULE L-B (FEC Form 3X)

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE 21 OF 21
4a 4b 4c 4d 5

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NAME OF COMMITTEE (In Full)

SCUPMAN & COLE FEDERAL POLITICAL ACTION COMMITTEE

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

Date of Disbursement

11/15/2017

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

100.00

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

Date of Disbursement

11/15/2017

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

100.00

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

Date of Disbursement

11/15/2017

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

100.00

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

Date of Disbursement

11/15/2017

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

100.00

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

Date of Disbursement

11/15/2017

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

100.00


SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Handwritten totals: 400.00

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
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<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
 PREPARER	1-24-05 DATE PREPARED