

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Donovan for Congress

ADDRESS (number and street) P.O. Box 723
 Check if different than previously reported. (ACC) Meriden CT 06450

2. **FEC IDENTIFICATION NUMBER** ▼ C00496620 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
CT 05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

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

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
10 / 01 / 2014 through 12 / 31 / 2014

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 Mr. Jeffrey Freiser

Signature of Treasurer Mr. Jeffrey Freiser

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 28 / 2015

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									
-----------------	--	--	--	--	--	--	--	--	--

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Donovan for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	12442.97
(b) Total Contribution Refunds (from Line 20(d))	0.00	11.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	12431.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21603.98	16170.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3049.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21603.98	13120.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	345.25	
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).....	144008.89	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Donovan for Congress

Report Covering the Period: From: 10 / 01 / 2014 To: 12 / 31 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0.00	3745.82	0.00
(ii) Unitemized		
0.00	4222.15	0.00
(iii) Total of contributions from individuals		
0.00	7967.97	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	2350.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	2125.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	12442.97	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
21000.00	0.00	21000.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
21000.00	0.00	21000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	3049.81	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
600.00	0.00	600.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
21600.00	15492.78	21600.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 17

Write or Type Committee Name

Donovan for Congress

Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
12		31		2014

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	21603.98	16170.06	21603.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	0.00
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	0.00
(b) Of All Other Loans	0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0.00	11.00	0.00
(b) Political Party Committees	0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 17

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
0.00	11.00	0.00
21. OTHER DISBURSEMENTS		
0.00	-10.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
21603.98	16171.06	21603.98

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

0.00	12431.97	0.00
------	----------	------

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

21603.98	13120.25	21603.98
----------	----------	----------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	349.23
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	21600.00
25. SUBTOTAL (add Line 23 and Line 24).....	21949.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21603.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	345.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Donovan for Congress

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

Mailing Address 188 Atkins St

City Meriden State CT Zip Code 06450-3404

FEC ID number of contributing federal political committee. **C H2CT05172**

Name of Employer State of CT Occupation State House

Receipt For: 2012
 Primary General
 Other (specify) Debt Other

Election Cycle-to-Date
 _____ 21000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2014

Transaction ID : C10337061

Amount of Each Receipt this Period
 _____ 21000.00

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

_____ 21000.00

_____ 21000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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)
Donovan for Congress

Full Name (Last, First, Middle Initial) Pearson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014
Mailing Address 12 Brookes Ave		Transaction ID : C10337071
City Burlington	State VT	
Zip Code 05401-3326		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt General	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	600.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA15

Transaction ID : C10337071

List Rental Income

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)
Donovan for Congress

Full Name (Last, First, Middle Initial) A. KEJD Compliance			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 347 Hazel Avenue			Amount of Each Disbursement this Period 500.00
City St. Louis	State MO	Zip Code 63119	Transaction ID : D560590
Purpose of Disbursement Compliance Consulting		003 Category/ Type	
Candidate Name			2012 General Debt
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2012 General Debt		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. KEJD Compliance			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 347 Hazel Avenue			Amount of Each Disbursement this Period 2000.00
City St. Louis	State MO	Zip Code 63119	Transaction ID : D560591
Purpose of Disbursement Compliance Consulting		003 Category/ Type	
Candidate Name			2012 General Debt
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2012 General Debt		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 67 Beaver Rd			Amount of Each Disbursement this Period 64.00
City Wethersfield	State CT	Zip Code 06109	Transaction ID : D560592
Purpose of Disbursement PO Box Fees		001 Category/ Type	
Candidate Name			2012 General Debt
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2564.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Donovan for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 67 Beaver Rd		Amount of Each Disbursement this Period 39.98
City Wethersfield	State CT	
Zip Code 06109	Purpose of Disbursement PO Box Fees	Transaction ID : D560593
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2012 General Debt
State: District:		

Full Name (Last, First, Middle Initial) B. Day Pitney LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 4162324		Amount of Each Disbursement this Period 1273.75
City Boston	State MA	
Zip Code 02241-6234	Purpose of Disbursement Legal Services	Transaction ID : D560586
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Day Pitney LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 4162324		Amount of Each Disbursement this Period 7726.25
City Boston	State MA	
Zip Code 02241-6234	Purpose of Disbursement Legal Services	Transaction ID : D560587
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9039.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Donovan for Congress

Full Name (Last, First, Middle Initial) A. Zeldes, Needle & Cooper		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 1000 Lafayette Blvd Post Office Box 1740		Amount of Each Disbursement this Period 1133.40 Transaction ID : D560588
City Bridgeport State CT Zip Code 06604-4725	Purpose of Disbursement Legal Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2012 General Debt	

Full Name (Last, First, Middle Initial) B. Zeldes, Needle & Cooper		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 1000 Lafayette Blvd Post Office Box 1740		Amount of Each Disbursement this Period 8866.60 Transaction ID : D560589
City Bridgeport State CT Zip Code 06604-4725	Purpose of Disbursement Legal Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	21603.98

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

NAME OF COMMITTEE (In Full) **Donovan for Congress** Transaction ID : L1334

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Christopher Donovan
 Primary
 General
 Other (specify) ▼

Mailing Address
 188 Atkins St
 City State ZIP Code
 Meriden CT 06450-3404

Original Amount of Loan 21000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 21000.00
-------------------------------------	------------------------------------	---------------------------------------------------------

TERMS
 Date Incurred: M 12 / D 29 / Y 2014
 Date Due: M / D / Y no due date
 Interest Rate: none % (apr)
 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).....	▶	21000.00
TOTALS This Period (last page in this line only).....	▶	21000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Donovan for Congress

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

Mailing Address 114 A Mansfield Hollow Rd.

City State Zip Code
 Mansfield Center CT 06250

Nature of Debt (Purpose):
 Printing (Field)

Outstanding Balance Beginning This Period **Transaction ID : D465467**
 13248.66

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 13248.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Zeldes, Needle & Cooper

Mailing Address 1000 Lafayette Blvd
 Post Office Box 1740

City State Zip Code
 Bridgeport CT 06604-4725

Nature of Debt (Purpose):
 Legal Services

Outstanding Balance Beginning This Period **Transaction ID : D467296**
 26035.65

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 8866.60 17169.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Zeldes, Needle & Cooper

Mailing Address 1000 Lafayette Blvd
 Post Office Box 1740

City State Zip Code
 Bridgeport CT 06604-4725

Nature of Debt (Purpose):
 Legal Services

Outstanding Balance Beginning This Period **Transaction ID : D479100**
 1133.40

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 1133.40 0.00

1) SUBTOTALS This Period This Page (optional)	▶	30417.71
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) ▶		

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

NAME OF COMMITTEE (In Full)
Donovan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christian Murray Design	Nature of Debt (Purpose): Communication Consulting
Mailing Address 1028 Boulevard	
City State Zip Code West Hartford CT 06119-1801	

Outstanding Balance Beginning This Period 5414.00	Transaction ID : D466048	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5414.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christian Murray Design	Nature of Debt (Purpose): Communication Consulting
Mailing Address 1028 Boulevard	
City State Zip Code West Hartford CT 06119-1801	

Outstanding Balance Beginning This Period 8338.00	Transaction ID : D466050	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8338.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connecticut Light & Power	Nature of Debt (Purpose): Utilities
Mailing Address P.O Box 150493	
City State Zip Code Hartford CT 06115-0493	

Outstanding Balance Beginning This Period 1261.82	Transaction ID : D465461	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1261.82

1) SUBTOTALS This Period This Page (optional)	15013.82
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Donovan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connecticut Light & Power		Nature of Debt (Purpose): Utilities
Mailing Address P.O Box 150493		
City	State	Zip Code
Hartford	CT	06115-0493

Outstanding Balance Beginning This Period	Transaction ID : D466442	
<input type="text" value="123.04"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="123.04"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Day Pitney LLP		Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 4162324		
City	State	Zip Code
Boston	MA	02241-6234

Outstanding Balance Beginning This Period	Transaction ID : D450634	
<input type="text" value="34668.71"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="7726.25"/>	<input type="text" value="26942.46"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Day Pitney LLP		Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 4162324		
City	State	Zip Code
Boston	MA	02241-6234

Outstanding Balance Beginning This Period	Transaction ID : D465464	
<input type="text" value="50511.86"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="50511.86"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="77577.36"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)
Donovan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Day Pitney LLP		Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 4162324		
City	State	Zip Code
Boston	MA	02241-6234

Outstanding Balance Beginning This Period	Transaction ID : D465465	
<input type="text" value="1273.75"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1273.75"/>	<input type="text" value="0.00"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="123008.89"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="21000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="144008.89"/>