

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
DARIA NOVAK 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))....	3592.00	3592.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3592.00	3592.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2218.50	2218.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2218.50	2218.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1398.50	
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).....	25.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

DARIA NOVAK FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	2865.00	2865.00
(iii) TOTAL of contributions from individuals ▶	2865.00	2865.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	727.00	727.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3592.00	3592.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	25.00	25.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	25.00	25.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3617.00	3617.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2218.50	2218.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2218.50	2218.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3617.00
25. SUBTOTAL (add Line 23 and Line 24).....	3617.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2218.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1398.50

**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 5 OF 10
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
DARIA NOVAK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK GREENBERG FOR CONGRESS

Mailing Address 53 PECK RD

City State Zip Code
TORRINGTON CT 06790

FEC ID number of contributing federal political committee. **C** C00493395

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
727.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 12 2015

Transaction ID : SA11C.4105

Amount of Each Receipt this Period
727.00

In-kind - donor list

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 M / D 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 M / D 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).....

727.00

727.00

**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 6 OF 10
	<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	

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NAME OF COMMITTEE (In Full)
DARIA NOVAK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City MADISON State CT Zip Code 06443

FEC ID number of contributing federal political committee. **C** HOCT02140

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA13A.4134

Amount of Each Receipt this Period
 25.00

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).....

25.00

25.00

**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 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Flanders Fish Market & Restaurant		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2015
Mailing Address 22 Chesterfield Road		Amount of Each Disbursement this Period 379.05 Transaction ID : SB17.4150
City East Lyme	State CT	
Zip Code 06333	Purpose of Disbursement Dinner costs	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) B. MARK GREENBERG FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 53 PECK RD		Amount of Each Disbursement this Period 727.00 Transaction ID : SB17.4107
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement In-kind - donor list	Category/ Type 003
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 05	

Full Name (Last, First, Middle Initial) C. DARIA IRENE NOVAK		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 51 HAMMONASSETT MEADOWS ROAD		Amount of Each Disbursement this Period 428.50 Transaction ID : SB17.4145
City MADISON	State CT	
Zip Code 06443	Purpose of Disbursement Reimburse dinners attended	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: CT District: 05	

SUBTOTAL of Disbursements This Page (optional).....	1534.55
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 8 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DARIA IRENE NOVAK			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015	
Mailing Address 51 HAMMONASSETT MEADOWS ROAD			Amount of Each Disbursement this Period 200.10	
City MADISON	State CT	Zip Code 06443	Transaction ID : SB17.4149	
Purpose of Disbursement Reimburse mileage		Category/ Type 002		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State: CT	District: 05			

Full Name (Last, First, Middle Initial) B. DARIA IRENE NOVAK			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 51 HAMMONASSETT MEADOWS ROAD			Amount of Each Disbursement this Period 199.00	
City MADISON	State CT	Zip Code 06443	Transaction ID : SB17.4151	
Purpose of Disbursement Reimburse NationBuilder fees		Category/ Type 004		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State: CT	District: 05			

Full Name (Last, First, Middle Initial) C. DARIA IRENE NOVAK			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015	
Mailing Address 51 HAMMONASSETT MEADOWS ROAD			Amount of Each Disbursement this Period 199.00	
City MADISON	State CT	Zip Code 06443	Transaction ID : SB17.4153	
Purpose of Disbursement Reimb NationBuilder fees		Category/ Type 004		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State: CT	District: 05			

SUBTOTAL of Disbursements This Page (optional).....	598.10
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 9 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 199.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Internet advertising	Category/Type 004	Transaction ID : SB17.4153.0 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B.		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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	2132.65

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DARIA NOVAK FOR CONGRESS** Transaction ID : **SC/10.4134**

LOAN SOURCE Full Name (Last, First, Middle Initial) DARIA IRENE NOVAK	[PERSONAL FUNDS]	Election: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Mailing Address 51 HAMMONASSETT MEADOWS ROAD		

City	State	ZIP Code
MADISON	CT	06443

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.00	0.00	25.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 09 / 2015	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	25.00
TOTALS This Period (last page in this line only).....	25.00

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