

# 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** ▼

C C00496620

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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  /  /  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

/  /

through

/  /

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

/  /

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									
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**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))....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="7019.14"/>	<input type="text" value="0.00"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="7019.14"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="0.00"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

**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: 07 / 01 / 2015 To: 10 / 13 / 2015

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

10 / 15 / 2014 (date of general election)

10 / 16 / 2014 (date after general election)

through

10 / 13 / 2015 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
  - (i) Itemized (use Schedule A)

0.00 0.00 8800.00

(ii) Unitemized

0.00 0.00 14855.00

(iii) Total of contributions from individuals

0.00 0.00 23655.00

(b) Political Party Committees

0.00 0.00 0.00

(c) Other Political Committees

0.00 0.00 400.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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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	0.00	300.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	0.00	24355.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	21000.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	21000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	600.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
0.00	0.00	45955.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 15

Write or Type Committee Name

Donovan for Congress

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

**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)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="7019.14"/>	<input type="text" value="0.00"/>	<input type="text" value="46304.23"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 15

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)
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(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	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

7019.14	0.00	46304.23
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**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	0.00	24355.00
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**IV. NET OPERATING EXPENDITURES**

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

7019.14	0.00	46304.23
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7019.14
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	7019.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7019.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00

**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 15			
	<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) <b>A. Christian Murray Design</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1028 Boulevard			Amount of Each Disbursement this Period 6352.00
City West Hartford	State CT	Zip Code 06119-1801	Transaction ID : <b>D567140</b>
Purpose of Disbursement Debt Forgiveness		003 Category/ Type	
Candidate Name			[MEMO ITEM] 2012 Debt Forgiveness
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) <b>B. Trister, Ross, Schadler &amp; Gold, PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1666 Connecticut Ave NW Suite 500			Amount of Each Disbursement this Period 6000.00
City Washington	State DC	Zip Code 20009	Transaction ID : <b>D571962</b>
Purpose of Disbursement Legal Services		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: _____		

Full Name (Last, First, Middle Initial) <b>C. KEJD Compliance</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 347 Hazel Avenue			Amount of Each Disbursement this Period 250.00
City St. Louis	State MO	Zip Code 63119	Transaction ID : <b>D571963</b>
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6250.00
<b>TOTAL</b> 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 15			
	<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	

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial) <b>A. KEJD Compliance</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 347 Hazel Avenue		Amount of Each Disbursement this Period 250.00
City St. Louis	State MO	
Purpose of Disbursement Compliance Consulting	Zip Code 63119	<b>Transaction ID : D571964</b>
Candidate Name	Category/ Type 003	
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>B. Mission Control, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 114 A Mansfield Hollow Rd.		Amount of Each Disbursement this Period 9936.66
City Mansfield Center	State CT	
Purpose of Disbursement Debt Forgiveness	Zip Code 06250	<b>Transaction ID : D572534</b>
Candidate Name	Category/ Type 001	
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)	<b>[MEMO ITEM]</b> 2012 Debt Forgiveness
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KEJD Compliance</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 347 Hazel Avenue		Amount of Each Disbursement this Period 250.00
City St. Louis	State MO	
Purpose of Disbursement Compliance Consulting	Zip Code 63119	<b>Transaction ID : D571965</b>
Candidate Name	Category/ Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> 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 15			
	<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)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Day Pitney LLP</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO Box 4162324		Amount of Each Disbursement this Period 26942.46
City Boston	State MA	
Zip Code 02241-6234	Purpose of Disbursement Debt Forgiveness	Transaction ID : D572545
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)	[MEMO ITEM] 2012 Debt Forgiveness
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Connecticut Citizen Research Group</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 30 Arbor Street - 6N		Amount of Each Disbursement this Period 269.14
City Hartford	State CT	
Zip Code 06160	Purpose of Disbursement Charitable Contribution	Transaction ID : D571966
Candidate Name	012 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>c. Zeldes, Needle &amp; Cooper</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1000 Lafayette Blvd Post Office Box 1740		Amount of Each Disbursement this Period 17169.05
City Bridgeport	State CT	
Zip Code 06604-4725	Purpose of Disbursement Debt Forgiveness	Transaction ID : D572536
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)	[MEMO ITEM] 2012 Debt Forgiveness
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	269.14
<b>TOTAL</b> 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 10 OF 15			
	<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)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Connecticut Light &amp; Power</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P.O Box 150493		Amount of Each Disbursement this Period 123.04
City Hartford	State CT	Zip Code 06115-0493
Purpose of Disbursement Debt Forgiveness	Category/ Type 001	<b>Transaction ID : D572526</b>
Candidate Name	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:	<b>[MEMO ITEM]</b> 2012 Debt Forgiveness

Full Name (Last, First, Middle Initial) <b>B. Day Pitney LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 4162324		Amount of Each Disbursement this Period 50511.86
City Boston	State MA	Zip Code 02241-6234
Purpose of Disbursement Debt Forgiveness	Category/ Type 001	<b>Transaction ID : D572546</b>
Candidate Name	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:	<b>[MEMO ITEM]</b> 2012 Debt Forgiveness

Full Name (Last, First, Middle Initial) <b>c. Connecticut Light &amp; Power</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P.O Box 150493		Amount of Each Disbursement this Period 1261.82
City Hartford	State CT	Zip Code 06115-0493
Purpose of Disbursement Debt Forgiveness	Category/ Type 001	<b>Transaction ID : D572527</b>
Candidate Name	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:	<b>[MEMO ITEM]</b> 2012 Debt Forgiveness

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	7019.14

**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 15	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Christopher Donovan</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 188 Atkins St		Amount of Each Disbursement this Period 21000.00
City Meriden State CT Zip Code 06450-3404	Purpose of Disbursement Loan Forgiven by Candidate	
Candidate Name <b>Christopher Donovan</b>		Transaction ID : D572519
Office Sought: <input checked="" 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: CT District: 00	[MEMO ITEM] 2012 Debt Forgiveness	

Full Name (Last, First, Middle Initial) <b>B.</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	
Candidate Name		Category/ Type
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) <b>C.</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	
Candidate Name		Category/ Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00

**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 21000.00	Balance Outstanding at Close of This Period 0.00
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**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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 0.00

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)	PAGE 13 OF 15
	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 <b>Mission Control, Inc.</b>	Nature of Debt (Purpose): Printing (Field)
Mailing Address 114 A Mansfield Hollow Rd.	
City State Zip Code Mansfield Center CT 06250	

Outstanding Balance Beginning This Period 9936.66	<b>Transaction ID : D465467</b>	
Amount Incurred This Period 0.00	Payment This Period 9936.66	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Zeldes, Needle &amp; Cooper</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 1000 Lafayette Blvd Post Office Box 1740	
City State Zip Code Bridgeport CT 06604-4725	

Outstanding Balance Beginning This Period 17169.05	<b>Transaction ID : D467296</b>	
Amount Incurred This Period 0.00	Payment This Period 17169.05	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 6352.00	<b>Transaction ID : D466050</b>	
Amount Incurred This Period 0.00	Payment This Period 6352.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

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 <b>Connecticut Light &amp; Power</b>	Nature of Debt (Purpose): Utilities
Mailing Address P.O Box 150493	
City State Zip Code Hartford CT 06115-0493	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1261.82</div>	<b>Transaction ID : D465461</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1261.82</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	

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

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">123.04</div>	<b>Transaction ID : D466442</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">123.04</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	

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

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">26942.46</div>	<b>Transaction ID : D450634</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">26942.46</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>

**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 <b>Day Pitney LLP</b>		Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 4162324		
City State Zip Code Boston MA 02241-6234		

Outstanding Balance Beginning This Period 50511.86		<b>Transaction ID : D465464</b>	
Amount Incurred This Period 0.00	Payment This Period 50511.86	Outstanding Balance at Close of This Period 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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment 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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	