

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 110 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 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)
Miarrostami, R., , ,
Mailing Address 137 Tennyson Drive

City Staten Island State NY Zip Code 10308

FEC ID number of contributing federal political committee.

C

Name of Employer
Maimonides Medical Center

Occupation
Physician

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 04 2018

Transaction ID : A38959E0656CE412B921

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Nasso, Julius, R., , ,
Mailing Address 12 Wakefield Road

City Staten Island State NY Zip Code 10312

FEC ID number of contributing federal political committee.

C

Name of Employer
Universal Marine Medical Center

Occupation
Pharmacist

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 04 2018

Transaction ID : AAED943A5D6424373A89

Amount of Each Receipt this Period

200.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Passarelli, Vincent, , ,
Mailing Address 47 Wakefield Road

City Staten Island State NY Zip Code 10312

FEC ID number of contributing federal political committee.

C

Name of Employer
Bridle Estates

Occupation
General Contractor

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 04 2018

Transaction ID : A0B31AF65D44649CD88E

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

650.00