

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 261

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Edward H. Meyer

Mailing Address 777 Third Avenue

City State Zip Code
New York NY 10017

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

Name of Employer Self-employed Occupation
Financial Advisor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 0 6 / 0 2 / 2 0 1 0 |

Transaction ID: SA11AI.27495

Amount of Each Receipt this Period

| |
|---------|
| 2400.00 |
|---------|

B.

Full Name (Last, First, Middle Initial)
Edward H. Meyer

Mailing Address 777 Third Avenue

City State Zip Code
New York NY 10017

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

Name of Employer Self-employed Occupation
Financial Advisor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 0 6 / 0 2 / 2 0 1 0 |

Transaction ID: SA11AI.27496

Amount of Each Receipt this Period

| |
|---------|
| 2400.00 |
|---------|

C.

Full Name (Last, First, Middle Initial)
Robert Miller

Mailing Address 1220 Garden Street

City State Zip Code
Hoboken NJ 07030

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

Name of Employer Working Publishing Occupation
Book Publisher

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 0 5 / 1 8 / 2 0 1 0 |

Transaction ID: SA11AI.27432

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

SUBTOTAL of Receipts This Page (optional) ▶

| |
|---------|
| 5050.00 |
|---------|

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

| |
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