PAGE 1 / 32

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	or An Authorized		Offic	e Use Only
NAME OF COMMITTEE (in full)  TYPE	OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Patricia Maher For Congres	SS			1
<u> </u>				
ADDRESS (number and street)	reland Place #195			
Check if different than previously reported. (ACC)	and		NY 1170	
2. FEC IDENTIFICATION NUMBE	R ▼	TY A	STATE A	ZIP CODE
C C00562306	3. IS T REP		AMENDED (A)	STATE ▼ DISTRICT  NY 02
4. TYPE OF REPORT (Choose Co. (a) Quarterly Reports:  April 15 Quarterly Report (Duarterly Report (Dua	(Q1) (Q2) ort (Q3) ort (YE) (c) 30-Da	Primary (12P) Convention (12C)  tion on  M M M / D D  tion on  M M M / D D  tion on	X General (12G) Special (12S)	in the State of NY Special (30S)  In the State of
5. Covering Period 03	D D / Y Y Y Y Y 2014	through 10	M / D D / Y	Y Y Y 2014
I certify that I have examined this Rep  Type or Print Name of Treasurer Ms	ort and to the best o		true, correct and con	nplete.
Signature of Treasurer  Ms Patricia	Margaret Maher	[Electronically Filed]	Date 10 / 10	28 / Y Y Y Y Y Y Y 2014 2014 2014
NOTE: Submission of false, erroneous, of Confice Use Only	r incomplete information	on may subject the person signing	F	EC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 32

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Patricia Maher For Congress 03 10 15 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 5857.59 5857.59 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 5857.59 5857.59 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 407.59 407.59 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 407.59 407.59 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 5450.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 4263.94 Schedule C and/or Schedule D).....

#### 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)

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Write or Type Committee Name

#### Patricia Maher For Congress

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)	4657.59	4657.59
	(ii) Unitemized	1200.00	1200.00
	(iii) TOTAL of contributions from individuals	5857.59	5857.59
(	(b) Political Party Committees	0.00	0.00
(	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	5857.59	5857.59
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
		9 9 9 9	
	LOANS:  (a) Made or Guaranteed by the  Candidate	0.00	0.00
(	(b) All Other Loans	0.00	0.00
(	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
	OFFSETS TO OPERATING		
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
-	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	5857.59	5857.59

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 32

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	407.59	407.59
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate(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
	(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)	407.59	407.59
	III. CASH SU	IMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	5857.59
25.	SUBTOTAL (add Line 23 and Line 24)		5857.59
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	407.59
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		5450.00

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF (check only one) 11a 11b 11c 12 13a 13b

32

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 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) Patricia Maher For Congress Full Name (Last, First, Middle Initial) **Donald Carson** Date of Receipt Mailing Address 240 Palmetto Lane 2014 10 City State Zip Code Transaction ID: SA11AI.4166 NY 33405 West Palm Beach FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation not employed not employed Receipt For: 2014 Election Cycle-to-Date Primary X General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Robert M. Ginsberg Date of Receipt Mailing Address 275W. 96th Street 13 2014 Citv State Zip Code Transaction ID: SA11AI.4120 New York City NY 10025 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Contribution Ginsburg & Wolf Attorney Receipt For: 2014 Election Cycle-to-Date ✓ General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) **Edward Kornreich** Date of Receipt Mailing Address 50 West 96th Street 2014 09 City State Zip Code Transaction ID: SA11AI.4161 NY New York City 10025 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Attorney Proskauer Rose Receipt For: 2014 Election Cycle-to-Date X General Primary 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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

FOR LINE	PAGE	6	OF	32	
(check only one)					
X 11a	11b	11c	110	d	
12	13a	13b	14		15

	y information copied from such Reports and St for commercial purposes, other than using the		rson for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Patricia Maher For Congress		
\	Full Name (Last, First, Middle Initial)  Stephanie Low  Mailing Address 1215 5th Avenue  City  New York City  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For: 2014  Primary General  Other (specify)	State Zip Code NY 10029  C  Occupation Arts Manager  Election Cycle-to-Date	Date of Receipt  10 01 2014  Transaction ID: SA11AI.4155  Amount of Each Receipt this Period  250.00  contribution
3.	Full Name (Last, First, Middle Initial)  Bonnie Maslin  Mailing Address 1050 Park Avenue  City  New York City	State Zip Code NY 10028	Date of Receipt  10 05 2014  Transaction ID: SA11AI.4157
	FEC ID number of contributing federal political committee.  Name of Employer self employed  Receipt For: 2014  Primary General Other (specify)	Occupation Psychologist Election Cycle-to-Date	Amount of Each Receipt this Period 500.00
).	Full Name (Last, First, Middle Initial)  Morris Pearl  Mailing Address 1020 Park Avenue  City  New York City  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NY 10028  C	Date of Receipt  10 14 2014  Transaction ID: SA11AI.4173  Amount of Each Receipt this Period  500.00
	BlackRock Receipt For: 2014 Primary General Other (specify)	Portfolio Manager Election Cycle-to-Date 500.00	contribution
s	UBTOTAL of Receipts This Page (optional)		1250.00
т	OTAL This Period (last page this line number o	nly)	

FOR LINE NUMBER: **PAGE** 7 OF 32 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c Detailed Summary Page 12 13a 13b 14

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS 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) Patricia Maher For Congress Full Name (Last, First, Middle Initial) Michael Pinto Date of Receipt Mailing Address 331 Keap Street, Apt. 29 2014 12 City State Zip Code Transaction ID: SA11AI.4261 NY 11211 Brooklyn FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 267.04 Name of Employer Occupation In-kind -Very Memorable Inc. Designer Receipt For: 2014 Election Cycle-to-Date | Primary General 317.04 Other (specify) Full Name (Last, First, Middle Initial) Michael Pinto Date of Receipt Mailing Address 331 Keap Street, Apt. 29 15 2014 City State Zip Code Transaction ID: SA11AI.4267 Brooklyn NY 11211 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 140.55 Name of Employer Occupation Designer In-kind -Very Memorable Inc. Receipt For: 2014 Election Cycle-to-Date M General Primary 457.59 Other (specify) Full Name (Last, First, Middle Initial) Ms Kovner Sarah Date of Receipt Mailing Address 27 West 67th Street 2014 12 City State Zip Code Transaction ID: SA11AI.4110 NY New York City 10023 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation homemaker homemaker contribution Receipt For: 2014 Election Cycle-to-Date | General Primary 250.00 Other (specify) 657.59 SUBTOTAL of Receipts This Page (optional).....

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

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 8 OF (check only one) 11a 11b 11c 11d

32 Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b 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) Patricia Maher For Congress Full Name (Last, First, Middle Initial) Judy Siegel Date of Receipt Mailing Address 201 West 70th Street 10 2014 13 City State Zip Code Transaction ID: SA11AI.4130 NY 10023 New York City FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation self-employed Psychotherapist Receipt For: 2014 Election Cycle-to-Date Primary X General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Thomas Torre Date of Receipt Mailing Address 35 Hilldale Road 10 2014 City State Zip Code Transaction ID: SA11AI.4164 Albertson NY 11507 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation CPA Consultant Albertson Consulting LLC Receipt For: 2014 Election Cycle-to-Date Primary Meneral Control 500.00 Other (specify) Full Name (Last, First, Middle Initial) John A. Zaccaro Date of Receipt Mailing Address 218 Lafayette Street 2014 09 City State Zip Code Transaction ID: SA11AI.4159 NY New York City 10012 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation P. Zaccaro & Co. Real Estate Developer Contribution Receipt For: 2014 Election Cycle-to-Date General Primary 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... 4657.59 TOTAL This Period (last page this line number only).....

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

	FOR LINE	NUMBER:		PAGE	9	OF	32
Use separate schedule(s)	(check only	one)					
for each category of the Detailed Summary Page	×	17	18		19a		] 19b
Detailed Curimary 1 age		20a	20b		20c		21
by not be sold or used by any person for the nurnose of soliciting contributions							

Ar	ny information copied from such Reports and Statements may not be sold or	used by any per	son for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and address of any poli	tical committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Patricia Maher For Congress		
	Full Name (Last, First, Middle Initial)		
A.	Michael Pinto		Date of Disbursement
	Mailing Address 331 Keap Street, Apt. 29		09 12 7 2014
	City State Zip Code		Amount of Each Disbursement this Period
	Brooklyn NY 11211		
	Purpose of Disbursement In-kind -		267.04  Transaction ID : SB17.4262
	Candidate Name	Category/ Type	
	Office Sought:    House   Disbursement For: 2014     Senate   Primary   General     Other (specify)     State: District:		
_	Full Name (Last, First, Middle Initial)		
В.	Michael Pinto		Date of Disbursement
	Mailing Address 331 Keap Street, Apt. 29		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code		Amount of Each Disbursement this Period
	Brooklyn NY 11211		Amount of Each Dispursement this Fellou
	Purpose of Disbursement In-kind -		140.55 Transaction ID : SB17.4268
	Candidate Name	Category/ Type	
	Office Sought:  House Senate President  Disbursement For: 2014  Primary Other (specify)  State:		
_	Full Name (Last, First, Middle Initial)		
C.			Date of Disbursement
	Mailing Address		M M / D D / Y Y Y Y
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category/ Type	
	Office Sought:  House Senate Primary Other (specify)  State:  Disbursement For: Other (specify)		
Г			407.59
L	SUBTOTAL of Disbursements This Page (optional)		
,	OTAL This Period (last page this line number only)		407.59

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

ER:	_	
		9
	X	10

32

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

Patricia Maher For Co	ngress		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Purpose):
Ms Patricia Margaret Maher			Office Services
24 111 24 11			
Mailing Address 301 Mitchel Field Way			
City State	Zip Code		
Garden City	NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4202
59.00			
7 7 7			
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	59.00
, , , , , , , , , , , , , , , , , , , ,	7		, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose):  Website Fee
Ms Patricia Margaret Maher			Website Fee
Mailing Address 301 Mitchel Field Way			
301 Miller Frield Way			
City State	Zip Code	44500	
Garden City	NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4193
0.00			
Amount Incurred This Period	Pavr	nent This Period	Outstanding Balance at Close of This Period
	1 ayı		
29.00		0.00	29.00
C. Full Name (Last, First, Middle Initial) of Deb	tor or Craditor		Nature of Dalet (Dumana)
Ms Patricia Margaret Maher	tor or creditor		Nature of Debt (Purpose): Petitions
Wis Fathcia Margaret Marier			
Mailing Address 301 Mitchel Field Way			
0.1	Obsta	7' . 0 . 1 .	
City Garden City	State NY	Zip Code 11530	
		11330	Transaction ID : SD10.4194
Outstanding Balance Beginning This Period			Transaction id . 3D10.4194
0.00			
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
135.00		0.00	135.00
9 9	7	7	9 9 9 9
-			
1) SUBTOTALS This Period This Page (optional).		1	223.00
2) TOTALS This Period (last page this line number	er only)		
3) TOTAL OUTSTANDING LOANS from Schedule	a C (last page on	ly)	
5) TOTAL OUTSTANDING LOANS ITOM Scriedule	e c (last page on	y)	
4) ADD 2) and 3) and carry forward to appropria	te line of Summa	v Page (last page only)	

**Excluding Loans** 

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

PAGE 11 OF FOR LINE NUMBER (check only one)

l:		
		9
	X	10

32

NAME OF COMMITTEE (In Full)

Patricia Maher For Cor	ngress			
A. Full Name (Last, First, Middle Initial) of Debto  Ms Patricia Margaret Maher			Nature of Debt (Purpose): Petitions	
Mailing Address 301 Mitchel Field Way				
City State	Zip Code			
Garden City	NY	11530		
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.4195	
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
25.00	7	0.00	25.00	
B. Full Name (Last, First, Middle Initial) of Debtor Ms Patricia Margaret Maher	r or Creditor		Nature of Debt (Purpose): Office Services	
Mailing Address 301 Mitchel Field Way				
City State Garden City	Zip Code NY	11530		
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.4201	
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
50.00	7	0.00	50.00	
C. Full Name (Last, First, Middle Initial) of Debto Ms Patricia Margaret Maher	or or Creditor		Nature of Debt (Purpose): office services	
Mailing Address 301 Mitchel Field Way				
City Garden City	State NY	Zip Code 11530		
Outstanding Balance Beginning This Period 0.00			Transaction ID: SD10.4203	
7 7 7	Do	yment This Period	Outstanding Balance at Close of This Period	
Amount Incurred This Period 30.00	Fa	0.00	30.00	
A) CURTOTALO TUE DE L'ATTE			105.00	
<ol> <li>SUBTOTALS This Period This Page (optional)</li> <li>TOTALS This Period (last page this line number</li> </ol>			•	
3) TOTAL OUTSTANDING LOANS from Schedule			<u> </u>	
4) ADD 2) and 3) and carry forward to appropriate			<b>&gt;</b>	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

32

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

Patricia Maher For	Congress		
A. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of Debt (Purpose):
Ms Patricia Margaret Mahe	er		Office Services
Mailing Address 301 Mitchel Field Way			-
City State Garden City	Zip Code NY	11530	
Outstanding Balance Beginning This P		11000	Transaction ID : SD10.4204
0.00	-		
0.00			
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period
60.0	0	0.00	60.00
B. Full Name (Last, First, Middle Initial) of	f Debtor or Creditor		Nature of Debt (Purpose):
Ms Patricia Margaret Mahe	er		Petitions
Mailing Address 301 Mitchel Field Way			-
201 William Field Way			
City State Garden City	Zip Code NY	11530	
		11000	Transaction ID - SD40 4205
Outstanding Balance Beginning This P	-		Transaction ID : SD10.4205
0.00	0		
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period
60.00	0	0.00	60.00
C. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of Debt (Purpose):
Ms Patricia Margaret Mahe			Office Service
Mailing Address 301 Mitchel Field Way			
City	State Z	ip Code	_
Garden City		11530	
Outstanding Balance Beginning This P	eriod		Transaction ID : SD10.4199
0.0	0		
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period
45.5		0.00	45.58
10.0		0.00	, , , ,
			165.58
1) SUBTOTALS This Period This Page (op	tional)		7 7 7
2) TOTALS This Period (last page this line	number only)		, , , , , , , , , , , , , , , , , , , ,
3) TOTAL OUTSTANDING LOANS from S	chedule C (last page only)		
4) ADD 2) and 3) and carry forward to app	propriate line of Summarv F	Page (last page only)	

**Excluding Loans** 

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

PAGE 13 OF FOR LINE NUMBER: (check only one)

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NA	ME OF COMMITTEE (In Full)			
P	Patricia Maher For Con	aress		
_	A. Full Name (Last, First, Middle Initial) of Debto			Nature of Debt (Purpose):
	Ms Patricia Margaret Maher			Office Services
	Mailing Address 301 Mitchel Field Way			
ŀ	City State	Zip Code		_
	Garden City	NY	11530	
t	·			Transaction ID : SD10.4200
	Outstanding Balance Beginning This Period			
	0.00			
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	40.93		0.00	40.93
	9	,	7	
f	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	Ms Patricia Margaret Maher			Petitions
	<u>-</u>			
	Mailing Address 301 Mitchel Field Way			
ŀ	City State	Zip Code		
	Garden City	NY	11530	
Ī	Outstanding Balance Beginning This Period			Transaction ID : SD10.4206
	0.00			
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	40.00		0.00	40.00
	7	7	7	
	C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
	Ms Patricia Margaret Maher			Petitions
ŀ	Mailing Address 301 Mitchel Field Way			_
	Mailing Address 301 Mitchel Field Way			
İ	City	State	Zip Code	
	Garden City	NY	11530	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4207
	0.00			
	9 9	_		
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
	40.00		0.00	40.00
	, , , ,	7	,	, , , , , , , , , , , , , , , , , , , ,
				120.93
1)	SUBTOTALS This Period This Page (optional)			120.93
2)	TOTALS This Period (last page this line number	only)		
2)	TOTALS This Period (last page this line number	Orliy)		
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page on	ly)	<b>&gt;</b>
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only)	<ul> <li>I</li></ul>

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

NAME OF COMMITTEE (In Full)		
Patricia Maher	For	Congress

Patricia Maher For Cor	ngress		
A. Full Name (Last, First, Middle Initial) of Debto Ms Patricia Margaret Maher	or or Creditor		Nature of Debt (Purpose): Petitions
Mailing Address 301 Mitchel Field Way			_
City State Garden City	Zip Code NY 11530		
Outstanding Balance Beginning This Period	111		Transaction ID : SD10.4185
0.00			
Amount Incurred This Period	Payment This Peri	iod	Outstanding Balance at Close of This Period
45.00	, , .	0.00	45.00
B. Full Name (Last, First, Middle Initial) of Debto  Ms Patricia Margaret Maher	r or Creditor		Nature of Debt (Purpose): Petitions
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY 11530		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4187
0.00			
Amount Incurred This Period	Payment This Peri	iod	Outstanding Balance at Close of This Period
40.00		0.00	40.00
C. Full Name (Last, First, Middle Initial) of Debte Ms Patricia Margaret Maher	or or Creditor		Nature of Debt (Purpose): Petitions
Mailing Address 301 Mitchel Field Way			
City Garden City	State Zip Code NY 11530		
Outstanding Balance Beginning This Period			Transaction ID: SD10.4186
0.00			
Amount Incurred This Period	Payment This Peri	iod	Outstanding Balance at Close of This Period
145.00	, , , ,	0.00	145.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	230.00
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last	page only)	

Exc

(Use separate schedule(s) for each

PAGE 15 OF FOF (che

R LINE NUMBER:		
eck only one)		9
	X	10

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)				
Patricia Maher For Con	gress			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
Ms Patricia Margaret Maher			Website Fe	ee
Mailing Address 301 Mitchel Field Way				
City State	Zip Code			
Garden City	NY	11530		
Outstanding Balance Beginning This Period			Transaction	on ID : SD10.4188
0.00				
0.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
29.00	7	(	0.00	29.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	lebt (Purpose):
Ms Patricia Margaret Maher				ervice Petitions
Mailing Address 301 Mitchel Field Way				
City State	Zip Code			
Garden City	NY	11530		
Outstanding Balance Beginning This Period			Transaction	on ID : SD10.4183
0.00	Dev	mant This Davied	Outstandi	ng Delenes at Class of This Deviad
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
45.00	-	(	0.00	45.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
Ms Patricia Margaret Maher			Petition	
Mailing Address 301 Mitchel Field Way				
City	State	Zip Code		
Garden City	NY	11530		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4184
0.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
10.00			0.00	10.00
9 9 9	7	7		7
1) SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	84.00
, TITLE I III I I I I I I I I I I I I I I I I			_ =	
2) TOTALS This Period (last page this line number	only)		<b>&gt;</b>	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ►	7

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 16 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMI	ΓΤΕΕ (In Full)		
Patricia	Maher	For	Congress

Patricia Maher For Con	gress	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Ms Patricia Margaret Maher		Membership
Mailing Address 301 Mitchel Field Way		
301 Willelia Field Way		
City State	Zip Code	
Garden City	NY 11530	
Outstanding Balance Beginning This Period		Transaction ID: SD10.4189
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
25.00	0.00	25.00
	7 7	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose): Delivery Service -Petition expense
Ms Patricia Margaret Maher		Delivery Service - Petition expense
Mailing Address 301 Mitchel Field Way		
·		
City State Garden City	Zip Code NY 11530	
		Transaction ID : SD10.4179
Outstanding Balance Beginning This Period		11alisaction id . 3010.4179
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
70.00	0.00	70.00
	, , ,	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose): petitions
Ms Patricia Margaret Maher		
Mailing Address 301 Mitchel Field Way		
City	State Zip Code	
Garden City	NY 11530	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4208
0.00		
9 9	Bernard This Barbar	Outstanding Balance of Observed This Build
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
100.00	0.00	100.00
1) SUBTOTALS This Period This Page (optional)		195.00
i, cobretato ma renor ma rage (optiona)		
2) TOTALS This Period (last page this line number	only)	<b>•</b>
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	<b>•</b>
J TOTAL OUTSTANDING LOANS HOTH Scriedule C	, liast page offis)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	<b>•</b>

**1mage# 14952553751** PAGE 17 / 32

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Form/Schedule: SD10 Transaction ID: SD10.4179

This is an bill paid by Patricia Maher

Form/Schedule: Transaction ID:

**Excluding Loans** 

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18 OF PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)	
Patricia Maher	For Congress

Patricia Maher For Co	ngress	
A. Full Name (Last, First, Middle Initial) of Deb  Ms Patricia Margaret Maher	tor or Creditor	Nature of Debt (Purpose): Office Services - printing
Mailing Address 301 Mitchel Field Way		
City State Garden City	Zip Code NY 11530	
Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4191
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
65.16	0.0	0 65.16
B. Full Name (Last, First, Middle Initial) of Debte Ms Patricia Margaret Maher	or or Creditor	Nature of Debt (Purpose): event contribution - Planned Parenthood
Mailing Address 301 Mitchel Field Way		
City State Garden City	Zip Code NY 11530	
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  140.00	Payment This Period 0.0	Transaction ID : SD10.4217  Outstanding Balance at Close of This Period  140.00
C. Full Name (Last, First, Middle Initial) of Deb Ms Patricia Margaret Maher	tor or Creditor	Nature of Debt (Purpose): office services
Mailing Address 301 Mitchel Field Way		
City Garden City	State Zip Code NY 11530	
Outstanding Balance Beginning This Period  0.00		Transaction ID: SD10.4209
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
18.44	0.0	18.44
1) SUBTOTALS This Period This Page (optional).		223.60
2) TOTALS This Period (last page this line number	er only)	<b>•</b>
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>
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**Excluding Loans** 

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PAGE 19 OF FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)		
Patricia Maher	For	Congress

Patricia Maher For Cor	gress		
A. Full Name (Last, First, Middle Initial) of Debto Ms Patricia Margaret Maher			Nature of Debt (Purpose): Mail Box Fee
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4190
0.00	Dev	was and This Deviced	Outstanding Belower at Class of This Bosied
Amount Incurred This Period  30.00	Pay	ment This Period	Outstanding Balance at Close of This Period 30.00
B. Full Name (Last, First, Middle Initial) of Debtor  Ms Patricia Margaret Maher	or Creditor		Nature of Debt (Purpose): Transportation - Campaign
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4210
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
318.34		0.00	318.34
C. Full Name (Last, First, Middle Initial) of Debto Ms Patricia Margaret Maher	r or Creditor		Nature of Debt (Purpose): website fee
Mailing Address 301 Mitchel Field Way			
City Garden City	State NY	Zip Code 11530	
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.4211
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
29.00	7	0.00	29.00
1) SUBTOTALS This Period This Page (optional)			377.34
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	·
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NAME OF COMMITTEE (II	n Full)					
Patricia Ma	her For Con	gress				
A. Full Name (Last, F	rst, Middle Initial) of Debtor	or Creditor			lature of Debt (Pu	
Ms Patricia Ma	argaret Maher				transportation -Ca	mpaign
Mailing Address 301	Mitchel Field Way					
City State		Zip Code				
Garden City		NY	11530			
Outstanding Balance	Beginning This Period				Transaction ID :	SD10.4212
	0.00					
Amount Incu	rred This Period	Pay	ment This Period		Outstanding Bala	ince at Close of This Period
	282.97	,	, , , , ,	0.00		282.97
D. Full Name /Lest Fir	at Middle Initial) of Debter	or Craditor			lature of Dobt (Du	
Ms Patricia Ma	st, Middle Initial) of Debtor argaret Maher	or Creditor			lature of Debt (Pu computer service	rpose):
Mailing Address 301	Mitchel Field Way					
City State		Zip Code				
Garden City		NY	11530			
Outstanding Balance	Beginning This Period				Transaction ID :	SD10.4216
	0.00					
	rred This Period	Pay	ment This Period		Outstanding Bala	ince at Close of This Period
				0.00		25.00
	25.00	7		0.00		20.00
C. Full Name (Last, F	irst, Middle Initial) of Debtor	or Creditor			lature of Debt (Pu	
Ms Patricia M	argaret Maher				Newspaper -camp	aign
Mailing Address 301	Mitchel Field Way					
City		State	Zip Code			
Garden City		NY	11530			
•	Beginning This Period				Transaction ID :	SD10.4213
Outstanding Balance						
	0.00					
Amount Incu	rred This Period	Pay	ment This Period		Outstanding Bala	nce at Close of This Period
7	25.00		,	0.00	,	25.00
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4) ADD 2) and 3) and c	arry forward to appropriate	line of Summa	ary Page (last page	only)		

Excluding Loans

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		Nature of De	eht (Purnose):
or Greattor			on campaign
			. •
Zip Code			
NY	11530		
		Transactio	n ID : SD10.4214
5	and This Board	<b>.</b>	- Polosos el Oles - 4711 5 1 1
Pay	ment This Period	Outstandin	g Balance at Close of This Period
	0.0	0	231.52
7	,		, , , , , , , , , , , , , , , , , , , ,
r or Creditor			ebt (Purpose):
		iviailibox car	npaign
Zip Code			
NY	11530		
		Transactio	n ID : SD10.4215
Pay	ment This Period	Outstandin	g Balance at Close of This Period
	0.00	0	90.00
			7
or or Creditor			bt (Purpose):
		office service	es
State	Zip Code		
NY	11530		
		Transaction	on ID : SD10.4219
Pay	ment This Period	Outstandin	g Balance at Close of This Period
Pay	ment This Period		g Balance at Close of This Period 45.04
	Paylor or Creditor  Paylor or or Creditor  State	Zip Code NY 11530  Payment This Period  o.0  r or Creditor  Zip Code NY 11530  Payment This Period  or or Creditor  State Zip Code	Zip Code NY 11530  Payment This Period Outstandin  Transactio  Payment This Period Outstandin  Transactio  Payment This Period Maillbox car  Zip Code NY 11530  Transactio  Outstandin  Outstandin  Outstandin  Nature of De Maillbox car  Vip Code NY 11530  Nature of De Office service  State Zip Code NY 11530

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Excluding Loans

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NAME OF COMMITTEE (In Full)

Patricia Mahor For Congress

atricia Maher For Cor	ngress		
A. Full Name (Last, First, Middle Initial) of Debto  Ms Patricia Margaret Maher			Nature of Debt (Purpose): webite
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY	11530	
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.4218
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
29.00		0.00	29.00
B. Full Name (Last, First, Middle Initial) of Debtor Ms Patricia Margaret Maher	r or Creditor		Nature of Debt (Purpose): database service
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY	11530	
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.4220
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
16.29	,	0.00	16.29
C. Full Name (Last, First, Middle Initial) of Debto  Ms Patricia Margaret Maher	or or Creditor		Nature of Debt (Purpose): transportation - campaign event
Mailing Address 301 Mitchel Field Way			
City Garden City	State NY	Zip Code 11530	
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.4221
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
353.71	7	0.00	353.71
SUBTOTALS This Period This Page (optional)			399.00
TOTALS This Period (last page this line number	only)		·
TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)	·,
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3)

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Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)			•	
Patricia Maher For Con	gress			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Debt (Purpose):
Ms Patricia Margaret Maher			membersh	ip - campaign
Mailing Address 301 Mitchel Field Way				
City State	Zip Code			
Garden City	NY	11530		
Outstanding Balance Beginning This Period 0.00			Transacti	on ID : SD10.4222
0.00				
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
99.00		C	0.00	99.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
Ms Patricia Margaret Maher			office serve	
Mailing Address 301 Mitchel Field Way				
City State	Zip Code			
Garden City	NY	11530		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4223
0.00				
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
31.31	,	0	.00	31.31
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	Pebt (Purpose):
Ms Patricia Margaret Maher			website fe	e
Mailing Address 301 Mitchel Field Way				
City	State	Zip Code		
Garden City	NY	11530		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4224
0.00				
Amount Incurred This Period	Pa	ment This Period	Outstandi	ng Balance at Close of This Period
29.00			0.00	29.00
7 7	-			7
1) SUBTOTALS This Period This Page (optional)				159.31
2) TOTALS This Period (last page this line number	only)			7
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page c	nly)	>	2

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**Excluding Loans** 

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NAME OF COMMI	TTEE (In Full)		
Patricia	Maher	For	Congress

H	atricia Maher For Cong	gress			
	A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Nature of Debt (Purpose):
	Ms Patricia Margaret Maher				constituent services
ŀ	Mailing Address 301 Mitchel Field Way				
	City State	Zip Code	44500		
ł	Garden City	NY	11530		Transaction ID : SD10.4225
	Outstanding Balance Beginning This Period				Transaction ID: 3D10.4223
	0.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	10.00			0.00	10.00
		7	,		
	B. Full Name (Last, First, Middle Initial) of Debtor or	r Creditor			Nature of Debt (Purpose): database service
	Ms Patricia Margaret Maher				
ļ	Mailing Address 301 Mitchel Field Way				
ŀ	City State	Zip Code			
	Garden City	NY	11530		
Ī	Outstanding Balance Beginning This Period				Transaction ID : SD10.4226
	0.00				
	9 9 9	_			
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	5.43	7		0.00	5.43
-	C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Nature of Debt (Purpose):
	Ms Patricia Margaret Maher				office services
-					
	Mailing Address 301 Mitchel Field Way				
ı	City	State	Zip Code		
	Garden City	NY	11530		
	Outstanding Balance Beginning This Period				Transaction ID : SD10.4227
	0.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	11.41			0.00	11.41
		7	7		, , , , , , , , , , , , , , , , , , , ,
1)	SUBTOTALS This Period This Page (optional)				26.84
2)	TOTALS This Period (last page this line number or	alv)		<b>&gt;</b>	
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3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)		
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)......

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Ms Patricia Margaret Maher

**Excluding Loans** 

NAME OF COMMITTEE (In Full)

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

PAGE 25 OF FOR LINE N (check only

NUMBER:	_	,
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Patricia Maher For Co	ngress		
A. Full Name (Last, First, Middle Initial) of Del Ms Patricia Margaret Maher	Nature of Debt (Purpose): office services		
Mailing Address 301 Mitchel Field Way			
City State	Zip Code		
Garden City	NY	11530	
Outstanding Balance Beginning This Period 0.00			Transaction ID: SD10.4228
Amount Incurred This Period 10.87	Paym	ent This Period 0.0	Outstanding Balance at Close of This Period 10.87
B. Full Name (Last, First, Middle Initial) of Deb Ms Patricia Margaret Maher	otor or Creditor		Nature of Debt (Purpose): campaign event
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4241
0.00			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
50.00		0.00	50.00

Mailing Address 301 Mitchel Field Way			
City	State	Zip Code	
Garden City	NY	11530	
Outstanding Balance Beginning This Period 0.00			Transaction ID: SD10.4229
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period
90.00	7	0.00	90.00
SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	150.87
TOTALS This Period (last page this line numbe	r only)		

Nature of Debt (Purpose):

mailbox fee

1)

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 26 OF
FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

F	Patricia Maher For Con	gress	<b>;</b>			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Ms Patricia Margaret Maher				Nature of Debt (Purpose): website fee	
	Mailing Address 301 Mitchel Field Way					
	City State Garden City	Zip Code NY	e 11530			
	Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  29.00	P	ayment This Period	0.00	Transaction ID : SD10.4230  Outstanding Balance at Close of This Period 29.00	
	D. Full Name (Leat First Middle Initial) of Debter (	or Craditor			Notice of Debt (Dissesse)	
	B. Full Name (Last, First, Middle Initial) of Debtor of Ms Patricia Margaret Maher	or Greditor			Nature of Debt (Purpose): ad facebook	
	Mailing Address 301 Mitchel Field Way					
Ī	City State Garden City					
	Outstanding Balance Beginning This Period		Transaction ID : SD10.4231			
	0.00					
	Amount Incurred This Period 25.07	P	ayment This Period	0.00	Outstanding Balance at Close of This Period 25.07	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Ms Patricia Margaret Maher				Nature of Debt (Purpose): database service	
	Mailing Address 301 Mitchel Field Way					
	City Garden City	State NY	Zip Code 11530			
	Outstanding Balance Beginning This Period 0.00				Transaction ID : SD10.4232	
	Amount Incurred This Period	P	ayment This Period		Outstanding Balance at Close of This Period	
	5.43			0.00	5.43	
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	59.50	
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page	only)	<b>&gt;</b>		
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**Excluding Loans** 

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NAME OF COMMITTEE (In Full)

Patricia Maher For Co	ongress		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of Debt (Purpose):
Ms Patricia Margaret Maher			actblue fee
Mariliana Andreas			
Mailing Address 301 Mitchel Field Way			
City State	Zip Code		
Garden City	NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4233
0.00			
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
	ı ayıı		
1.00		0.00	1.00
B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of Debt (Purpose):
Ms Patricia Margaret Maher			office services
<u> </u>			
Mailing Address 301 Mitchel Field Way			
City State	Zip Code		
Garden City	NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4234
0.00			
9 9 9	Day	and This Deviced	Outstanding Release at Class of This Region
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
38.94		0.00	38.94
C. Full Name (Last, First, Middle Initial) of De	htor or Creditor		Nature of Debt (Purpose):
Ms Patricia Margaret Maher	ibioi di Giodiloi		office services
Mailing Address 301 Mitchel Field Way			
City	State	Zip Code	
Garden City	NY	11530	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4235
0.00			
	Dove	nent This Period	Outstanding Palance at Class of This Paviod
Amount Incurred This Period	Fayii		Outstanding Balance at Close of This Period
30.86	7	0.00	30.86
1) SUBTOTALS This Period This Page (optional	)		70.80
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o, TOTAL OUTSTANDING LOANS HOLD SCHOOL	io o (iast page offi	у,	
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NAME OF COMMITTEE (Ir	Full)					
Patricia Ma	her For Con	gress				
, , , ,	rst, Middle Initial) of Debtor	or Creditor			Nature of Debt (Pu	
Ms Patricia Ma	argaret Maher				database services	
Mailing Address 301	Mitchel Field Way					
City State		Zip Code				
Garden City		NY	11530			
Outstanding Balance	Beginning This Period				Transaction ID:	SD10.4236
	0.00					
Amount Incur	red This Period	Pay	ment This Period		Outstanding Bala	ance at Close of This Period
,	19.55	,	, , , , , ,	0.00	, ,	19.55
B Full Name (Last Fir	st, Middle Initial) of Debtor	or Creditor			Nature of Debt (Pu	irnose).
Ms Patricia Ma		or orealtor			office services	прозеј.
Mailing Address 301 I	Mitchel Field Way					
City State		Zip Code				
Garden City		NY	11530			
Outstanding Balance	Beginning This Period				Transaction ID :	SD10.4237
	0.00					
	red This Period	Pav	ment This Period		Outstanding Bala	ance at Close of This Period
				0.00		215.61
	215.61	7	7	0.00		210.01
,	rst, Middle Initial) of Debtor	or Creditor			Nature of Debt (Pu	ırpose):
Ms Patricia Ma	argaret Maher				office services	
Mailing Address 301	Mitchel Field Way					
City		State	Zip Code			
Garden City		NY	11530			
Outstanding Balance	Beginning This Period				Transaction ID :	SD10.4238
	0.00					
Amount Incur	red This Period	Pay	ment This Period		Outstanding Bala	ance at Close of This Period
7	27.18			0.00		27.18
						262.34
1) SUBTOTALS This Per	iod This Page (optional)			············		202.07
2) TOTALS This Period (	last page this line number	only)		<b>&gt;</b>	7	
3) TOTAL OUTSTANDIN	G LOANS from Schedule C	C (last page or	nly)	<b>&gt;</b>		
4) ADD 2) and 3) and ca	arry forward to appropriate	line of Summa	ary Page (last page	e only)		7

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 29 OF
FOR LINE NUMBER:
(check only one)

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$\overline{\mathbf{v}}$	10

NAME OF COMMI	ΓΤΕΕ (In Full)		
Patricia	Maher	For (	Congress

Patricia Maher For Co	ngress		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Ms Patricia Margaret Maher		Nature of Debt (Purpose): office services	
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY 11530		
Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4239	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
13.56	0.0	0 13.56	
B. Full Name (Last, First, Middle Initial) of Debto Ms Patricia Margaret Maher	or or Creditor	Nature of Debt (Purpose): office services	
Mailing Address 301 Mitchel Field Way			
City State Garden City	Zip Code NY 11530		
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  59.73	Payment This Period	Outstanding Balance at Close of This Period  59.73	
C. Full Name (Last, First, Middle Initial) of Debi Ms Patricia Margaret Maher	tor or Creditor	Nature of Debt (Purpose): fundraiser expense	
Mailing Address 301 Mitchel Field Way			
City Garden City	State Zip Code NY 11530		
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.4242	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
45.57	0.0	0 45.57	
1) SUBTOTALS This Period This Page (optional)		118.86	
2) TOTALS This Period (last page this line number	er only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>•</b>	
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page only	n) <b>-</b>	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 30 OF
FOR LINE NUMBER:
(check only one)

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32

NAME OF COMMITTEE (In Full)

Patricia Maher For Con	gress					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose): facebook		
Ms Patricia Margaret Maher				NACOSON NACOS NACO		
Mailing Address 301 Mitchel Field Way						
City State	Zip Code					
Garden City	NY	11530				
Outstanding Balance Beginning This Period				Transaction ID : SD10.4243		
0.00						
Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This Period		
25.12			0.00	25.12		
20.12	-	7	0.00	20.12		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):		
Ms Patricia Margaret Maher				transportation		
Mailing Address 301 Mitchel Field Way						
oo i initerior i iola viay						
City State Garden City	Zip Code NY	11530				
<u> </u>				Transaction ID : SD10.4247		
Outstanding Balance Beginning This Period				Transaction ib . 3D 10.4247		
0.00						
Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period		
258.68			0.00	258.68		
C. Full Name (Lock First Middle Initial) of Debte	O					
<ul><li>C. Full Name (Last, First, Middle Initial) of Debto</li><li>Ms Patricia Margaret Maher</li></ul>	or or Creditor			Nature of Debt (Purpose): postal		
was rathera margaret maner						
Mailing Address 301 Mitchel Field Way						
City	State	Zip Code				
Garden City	NY	11530				
Outstanding Balance Beginning This Period				Transaction ID: SD10.4263		
0.00						
Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This Period		
12.98	· uy	mone this t shou	0.00	12.98		
12.90		7	0.00	12.00		
SUBTOTALS This Period This Page (optional)				296.78		
TOTALS This Period (last page this line number	only)					
This i enou hast page this line number	O(111y)					
TOTAL OUTSTANDING LOANS from Schedule	C (last page or	ıly)				
ADD 2) and 3) and carry forward to appropriate	line of Cumma	uny Dago (loot nece	only)			

**Excluding Loans** 

NAME OF COMMITTEE (In Full)

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

PAGE 31 OF FOR LINE NUMBER: (check only one)

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Patricia Maher For Cong	gress		
A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):		
Ms Patricia Margaret Maher		website services	
Mailing Address Cod Michal Fishel Wass		_	
Mailing Address 301 Mitchel Field Way			
City State	Zip Code		
Garden City	NY 11530		
Outstanding Balance Beginning This Period		Transaction ID : SD10.4245	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
29.00	0.00	29.00	
25.00	0.00	23.00	
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of Debt (Purpose):	
Ms Patricia Margaret Maher		corporation filing campaign	
Mailing Address 301 Mitchel Field Way			
Mailing Address 301 Mitchel Field Way			
City State	Zip Code NY 11530		
Garden City	NY 11530		
Outstanding Balance Beginning This Period		Transaction ID: SD10.4244	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
140.00	0.00	140.00	
	7 7		
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose): database service	
Ms Patricia Margaret Maher		ualabase service	
Mailing Address 301 Mitchel Field Way			
·	Otata Zin Onda		
City Garden City	State Zip Code NY 11530		
Outstanding Balance Beginning This Period		Transaction ID : SD10.4246	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
32.59	0.00	32.59	
1) SUBTOTALS This Period This Page (optional)		201.59	
1) SUBTUTALS THIS FERIOU THIS Page (optional)			
2) TOTALS This Period (last page this line number of	nly)		
2) TOTAL OUTSTANDING LOANS from College to C	(lest see enly)		
3) TOTAL OUTSTANDING LOANS from Schedule C	(iast page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)		

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(Use separate schedule(s) for each

PAGE 32 OF FOR LINE NUMBER: (check only one)

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Excluding Loans			numb	ered line)	(erreek erriy erre)	X 10
NAME OF COMMITTEE (In Full)						
Patricia Maher For Con	gress					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Ms Patricia Margaret Maher			Nature of Debt (Purpose): database service			
Mailing Address 301 Mitchel Field Way						
City State Garden City	Zip Code NY	11530				
Outstanding Balance Beginning This Period 0.00				Transaction	on ID : SD10.4248	
Amount Incurred This Period 32.59	Payr	nent This Period	0.00	Outstandi	ng Balance at Close	of This Period 32.59
B. Full Name (Last, First, Middle Initial) of Debtor  Ms Patricia Margaret Maher  Mailing Address 301 Mitchel Field Way	or Creditor			Nature of D website fee	ebt (Purpose):	
City State Garden City	Zip Code NY	11530				
Outstanding Balance Beginning This Period 0.00			·	Transaction	on ID : SD10.4249	
Amount Incurred This Period	Payr	nent This Period	0.00	Outstandi	ng Balance at Close	of This Period
29.00	7	7	0.00		7	29.00
C. Full Name (Last, First, Middle Initial) of Debto  Ms Patricia Margaret Maher	r or Creditor			Nature of D office serv	ebt (Purpose): ice	
Mailing Address 301 Mitchel Field Way						
City Garden City	State NY	Zip Code 11530				
Outstanding Balance Beginning This Period 0.00				Transact	ion ID : SD10.4250	
Amount Incurred This Period  32.48	Payr	nent This Period	0.00	Outstandi	ng Balance at Close	of This Period 32.48
1) SUBTOTALS This Period This Page (optional)			<b>&gt;</b>		7	94.07
2) TOTALS This Period (last page this line number	only)		<b>&gt;</b>		7	4263.94

TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00

4263.94