

**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

Patricia Maher For Congress

ADDRESS (number and street)

73 Ireland Place #195

Check if different
than previously
reported. (ACC)

Ireland

NY

11701

2. **FEC IDENTIFICATION NUMBER** ▼

C

C00562306

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

02

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

M M / D D / Y Y Y Y
11 / 04 / 2014in the
State of

NY

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
03 / 01 / 2014

through

M M / D D / Y Y Y Y
10 / 15 / 2014

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 Ms Patricia Margaret Maher

Signature of Treasurer

Ms Patricia Margaret Maher

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 28 / 2014

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**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 32

Write or Type Committee Name

Patricia Maher For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 1 | 4 |

| | 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)).... | 5857.59 | 5857.59 |
| (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)) | 5857.59 | 5857.59 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 407.59 | 407.59 |
| (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)) | 407.59 | 407.59 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 5450.00 | |
| 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) | 4263.94 | |

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)

PAGE 3 / 32

Write or Type Committee Name

Patricia Maher For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 1 | 4 |

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

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

5857.59

5857.59

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. 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

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)..... ▶

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 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) ► | 407.59 | 407.59 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 5857.59 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 5857.59 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 407.59 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 5450.00 |

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 5 OF 32

☒ 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)

Patricia Maher For Congress

Full Name (Last, First, Middle Initial)

Donald Carson

Mailing Address 240 Palmetto Lane

City

West Palm Beach

State

NY

Zip Code

33405

FEC ID number of contributing
federal political committee.

C

Name of Employer
not employed

Occupation
not employed

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert M. Ginsberg

Mailing Address 275W. 96th Street

City

New York City

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ginsburg & Wolf

Occupation
Attorney

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

Edward Kornreich

Mailing Address 50 West 96th Street

City

New York City

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Attorney

Occupation
Proskauer Rose

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 32

(check only one)

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

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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

State

NY

Zip Code

10029

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Arts Manager

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 01 | | 2014 |

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

Bonnie Maslin

Mailing Address 1050 Park Avenue

City

New York City

State

NY

Zip Code

10028

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

Psychologist

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2014 |

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

Morris Pearl

Mailing Address 1020 Park Avenue

City

New York City

State

NY

Zip Code

10028

FEC ID number of contributing federal political committee.

C

Name of Employer

BlackRock

Occupation

Portfolio Manager

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 14 | | 2014 |

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

500.00

contribution

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

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

1250.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

Full Name (Last, First, Middle Initial)

Michael Pinto

A.

Mailing Address 331 Keap Street, Apt. 29

City

Brooklyn

State

NY

Zip Code

11211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Very Memorable Inc.Occupation
Designer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

317.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 12 | | 2014 |

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period

267.04

In-kind -

Full Name (Last, First, Middle Initial)

Michael Pinto

B.

Mailing Address 331 Keap Street, Apt. 29

City

Brooklyn

State

NY

Zip Code

11211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Very Memorable Inc.Occupation
Designer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

457.59

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2014 |

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period

140.55

In-kind -

Full Name (Last, First, Middle Initial)

Ms Kovner Sarah

C.

Mailing Address 27 West 67th Street

City

New York City

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
homemakerOccupation
homemaker

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 12 | | 2014 |

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

250.00

contribution

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

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

657.59

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 8 OF 32

☒ 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)

Patricia Maher For Congress

Full Name (Last, First, Middle Initial)

Judy Siegel

Mailing Address 201 West 70th Street

City

New York City

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Psychotherapist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Thomas Torre

Mailing Address 35 Hilldale Road

City

Albertson

State

NY

Zip Code

11507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albertson Consulting LLC

Occupation
CPA

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

500.00

Consultant

Full Name (Last, First, Middle Initial)

John A. Zaccaro

Mailing Address 218 Lafayette Street

City

New York City

State

NY

Zip Code

10012

FEC ID number of contributing
federal political committee.

C

Name of Employer
P. Zaccaro & Co.

Occupation
Real Estate Developer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period

1000.00

Contribution

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

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

1750.00

4657.59

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

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

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

59.00

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.00

B. 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

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4193

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

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 : SD10.4194

Amount Incurred This Period

135.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

135.00

1) **SUBTOTALS** This Period This Page (optional) ▶

223.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 11 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4201

Amount Incurred This Period

50.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4203

Amount Incurred This Period

30.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.00

1) **SUBTOTALS** This Period This Page (optional) ▶

105.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 12 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

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

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4204

Amount Incurred This Period

60.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

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 : SD10.4205

Amount Incurred This Period

60.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Office Service

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4199

Amount Incurred This Period

45.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.58

1) **SUBTOTALS** This Period This Page (optional) ▶

165.58

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 13 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

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

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4200

Amount Incurred This Period

40.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

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 : SD10.4206

Amount Incurred This Period

40.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

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 : SD10.4207

Amount Incurred This Period

40.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

1) **SUBTOTALS** This Period This Page (optional) ▶

120.93

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 14 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4185

Amount Incurred This Period

45.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4187

Amount Incurred This Period

40.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4186

Amount Incurred This Period

145.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

145.00

1) **SUBTOTALS** This Period This Page (optional) ▶

230.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 15 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

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

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4188

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Delivery Service Petitions

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4183

Amount Incurred This Period

45.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Petition

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4184

Amount Incurred This Period

10.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.00

1) **SUBTOTALS** This Period This Page (optional) ▶

84.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 16 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Membership

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4189

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Delivery Service -Petition expense

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4179

Amount Incurred This Period

70.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

70.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

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 : SD10.4208

Amount Incurred This Period

100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) **SUBTOTALS** This Period This Page (optional) ▶

195.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SD10
Transaction ID : SD10.4179

This is an bill paid by Patricia Maher

Form/Schedule:
Transaction ID:

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Office Services - printing

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4191

Amount Incurred This Period

65.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

event contribution - Planned Parenthood

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4217

Amount Incurred This Period

140.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.00

C. 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

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4209

Amount Incurred This Period

18.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.44

1) **SUBTOTALS** This Period This Page (optional) ▶

223.60

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 19 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Mail Box Fee

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4190

Amount Incurred This Period

30.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret Maher

Nature of Debt (Purpose):

Transportation - Campaign

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4210

Amount Incurred This Period

318.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

318.34

C. 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

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4211

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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 only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 20 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
transportation -Campaign

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4212

Amount Incurred This Period

282.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

282.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
computer service

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4216

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
Newspaper -campaign

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4213

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) **SUBTOTALS** This Period This Page (optional) ▶

332.97

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 21 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
transportation campaign

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4214

Amount Incurred This Period

231.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

231.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
Mailbox campaign

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4215

Amount Incurred This Period

90.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

90.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4219

Amount Incurred This Period

45.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.04

1) **SUBTOTALS** This Period This Page (optional) ▶

366.56

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 22 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
webite

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4218

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
database service

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4220

Amount Incurred This Period

16.29

Payment This Period

0.00

Outstanding Balance at Close of This Period

16.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
transportation - campaign event

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4221

Amount Incurred This Period

353.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

353.71

1) **SUBTOTALS** This Period This Page (optional) ▶

399.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 23 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
membership - campaign

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4222

Amount Incurred This Period

99.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

99.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
office servoces

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4223

Amount Incurred This Period

31.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

31.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
website fee

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4224

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.00

1) **SUBTOTALS** This Period This Page (optional) ▶

159.31

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 24 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
constituent services

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4225

Amount Incurred This Period

10.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
database service

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4226

Amount Incurred This Period

5.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4227

Amount Incurred This Period

11.41

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.41

1) **SUBTOTALS** This Period This Page (optional) ▶

26.84

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 25 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
campaign event

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4241

Amount Incurred This Period

50.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
mailbox fee

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

90.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

90.00

1) **SUBTOTALS** This Period This Page (optional) ▶

150.87

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 26 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
website fee

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4230

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
ad facebook

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4231

Amount Incurred This Period

25.07

Payment 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 MaherNature of Debt (Purpose):
database service

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4232

Amount Incurred This Period

5.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.43

1) **SUBTOTALS** This Period This Page (optional) ▶

59.50

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 27 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
actblue fee

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4233

Amount Incurred This Period

1.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4234

Amount Incurred This Period

38.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4235

Amount Incurred This Period

30.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.86

1) **SUBTOTALS** This Period This Page (optional) ▶

70.80

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 28 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
database services

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4236

Amount Incurred This Period

19.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4237

Amount Incurred This Period

215.61

Payment This Period

0.00

Outstanding Balance at Close of This Period

215.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4238

Amount Incurred This Period

27.18

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.18

1) **SUBTOTALS** This Period This Page (optional) ▶

262.34

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 29 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4239

Amount Incurred This Period

13.56

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature 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 : SD10.4240

Amount Incurred This Period

59.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
fundraiser expense

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4242

Amount Incurred This Period

45.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.57

1) **SUBTOTALS** This Period This Page (optional) ▶

118.86

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 30 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
facebook

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4243

Amount Incurred This Period

25.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
transportation

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4247

Amount Incurred This Period

258.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

258.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
postal

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4263

Amount Incurred This Period

12.98

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.98

1) **SUBTOTALS** This Period This Page (optional) ▶

296.78

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 31 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
website services

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4245

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
corporation filing campaign

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4244

Amount Incurred This Period

140.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
database service

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4246

Amount Incurred This Period

32.59

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.59

1) **SUBTOTALS** This Period This Page (optional) ▶

201.59

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 32 OF 32

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patricia Maher For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
database service

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4248

Amount Incurred This Period

32.59

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.59

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
website fee

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4249

Amount Incurred This Period

29.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ms Patricia Margaret MaherNature of Debt (Purpose):
office service

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11530

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4250

Amount Incurred This Period

32.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.48

1) **SUBTOTALS** This Period This Page (optional) ▶

94.07

2) **TOTALS** This Period (last page this line number only) ▶

4263.94

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

0.00

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

4263.94