

**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

Check if different  
than previously  
reported. (ACC)

AMITYVILLE

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

in the  
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 04 / 2014

in the  
State of

NY

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

through

M M / D D / Y Y Y Y

11 / 24 / 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 Patricia Maher

Signature of Treasurer

Patricia Maher

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 15 / 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 / 19

Write or Type Committee Name

**PATRICIA MAHER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		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))....	5030.00	11416.00
(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)) .....	5030.00	11416.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11067.72	8560.03
(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)) .....	11067.72	8560.03
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	191.39	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3178.03	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 19

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
5030.00	11416.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
100.00	100.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
5130.00	11516.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 19

Write or Type Committee Name

PATRICIA MAHER FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

To:

M M / D D / Y Y Y Y Y  
11 / 24 / 2014**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
11067.72	8560.03	2714.58
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 19

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

0.00

0.00

**21. OTHER DISBURSEMENTS**

50.00

50.00

0.00

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

11117.72

8610.03

2714.58

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

5030.00

11416.00

0.00

**IV. NET OPERATING EXPENDITURES**

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

11067.72

8560.03

2714.58

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

6179.11

5130.00

11309.11

11117.72

191.39

# **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 19

(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	

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)

Gail Furman

Mailing Address 151 East 83rd Street

City

New York City

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
psychologist

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
10		28		2014

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Adam and Renee haber

Mailing Address 35 Crabapple Dr.

City

Roslyn

State

NY

Zip Code

11576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Volunteer Bully Prevention Cen

Occupation  
teacher

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Patricia Kenner

Mailing Address 720 Park Avenue

City

New York City

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

President, Campus Coach Lines

Occupation  
Charter Bus Company

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
11		03		2014

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

250.00

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:  
(check only one)

PAGE 8 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Bonnie Maslin**

Mailing Address 1050 Park Avenue Apt. 5B

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 ☒ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y  
10 21 2014

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period

250.00

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

450.00

Date of Receipt

M M / D D / Y Y Y Y  
10 23 2014

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**William Smith**

Mailing Address 300 Devon Dr.

City

Homewood

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Technology Consultant

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 21 2014

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period

1000.00

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

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

1450.00



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

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

FOR LINE NUMBER:

PAGE 9 OF 19

(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)

Peter Tilles

A.

Mailing Address 448 Oyster Bay Rd.

City

Matinecock

State

NY

Zip Code

11560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self employed

Occupation

Tilles Investment Company

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2014

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Joseph Wiscovich

B.

Mailing Address 50 Sutton Place SW

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

government relations

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Joseph Zaccaro

C.

Mailing Address 218 Lafayette St.

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  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2014

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

500.00

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

1750.00

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

4200.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

49.38
-------

Transaction ID : SB17.4131

**B. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

001

Candidate Name

Category/  
Type**PATRICIA MAHER FOR CONGRESS**

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

7.90
------

Transaction ID : SB17.4132

**C. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

001

Candidate Name

Category/  
Type**PATRICIA MAHER FOR CONGRESS**

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

0.02
------

Transaction ID : SB17.4133

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

57.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

17.78
-------

Transaction ID : SB17.4134

**B. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

0.06
------

Transaction ID : SB17.4137

**C. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 02

Date of Disbursement

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

Amount of Each Disbursement this Period

13.83
-------

Transaction ID : SB17.4136

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31.67

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

0.04
------

Transaction ID : SB17.4138

**B. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

19.75
-------

Transaction ID : SB17.4139

**C. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

11.86
-------

Transaction ID : SB17.4140

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. actblue**

Mailing Address 366 Summer Street

City	State	Zip Code
Sumerville	MA	02144

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

1.98
------

Transaction ID : SB17.4141

**B. American GOTV Enterprises**

Mailing Address 1625 Howard Gap Loop Rd.

City	State	Zip Code
Flat Rock	NC	28731

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

004  
Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

1650.00
---------

Transaction ID : SB17.4224

**C. American GOTV Enterprises**

Mailing Address 1625 Howard Gap Loop Rd.

City	State	Zip Code
Flat Rock	NC	28731

Purpose of Disbursement

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

004  
Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2014

Amount of Each Disbursement this Period

748.18
--------

Transaction ID : SB17.4235

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2400.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Grill Time**

Mailing Address 90 Middle Neck Rd.

City	State	Zip Code
Great Neck	NY	11021

Purpose of Disbursement  
election night food expense

007

Category/  
Type

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

213.30

Transaction ID : SB17.4238

**B. jetblue**

Mailing Address 1150 Shames Dr.

City	State	Zip Code
Westbury	NY	11590

Purpose of Disbursement  
mailing service

004

Category/  
Type

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

Amount of Each Disbursement this Period

1750.01

Transaction ID : SB17.4149

**c. jetblue**

Mailing Address 1150 Shames Dr.

City	State	Zip Code
Westbury	NY	11590

Purpose of Disbursement  
mailing

006

Category/  
Type

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

896.56

Transaction ID : SB17.4242

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2859.87

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. lewis h. cohen llc**

Mailing Address 3050 corlear avenue #603

City bronx	State NY	Zip Code 10463
---------------	-------------	-------------------

Purpose of Disbursement

001

Category/  
Type

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

Amount of Each Disbursement this Period

1512.00
---------

Transaction ID : SB17.4157

**B. lewis h. cohen llc**

Mailing Address 3050 corlear avenue #603

City bronx	State NY	Zip Code 10463
---------------	-------------	-------------------

Purpose of Disbursement

001

Category/  
Type

Candidate Name

**PATRICIA MAHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2014

Amount of Each Disbursement this Period

219.45
--------

Transaction ID : SB17.4247

**C. lewis h. cohen llc**

Mailing Address 3050 corlear avenue #603

City bronx	State NY	Zip Code 10463
---------------	-------------	-------------------

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4246

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2731.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Patricia Maher**

Mailing Address 301 Mitchel Field Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

City	State	Zip Code
Garden City	NY	11554

Purpose of Disbursement  
debt owed to candidate

001

Amount of Each Disbursement this Period

900.00
--------

Transaction ID : SB17.4269

Candidate Name

**Patricia Maher**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NY District: 02

Full Name (Last, First, Middle Initial)

**B. Patricia Maher**

Mailing Address 301 Mitchel Field Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2014

City	State	Zip Code
Garden City	NY	11554

Purpose of Disbursement

001

Amount of Each Disbursement this Period

730.00
--------

Transaction ID : SB17.4270

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NY District: 02

Full Name (Last, First, Middle Initial)

**C. Ultimate Class Limousine**

Mailing Address 12 Commercial Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

City	State	Zip Code
Hicksville	NY	11801

Purpose of Disbursement  
campaign traveling expense

002

Amount of Each Disbursement this Period

247.60
--------

Transaction ID : SB17.4217

Candidate Name

**PATRICIA MAHER FOR CONGRESS**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NY District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1877.60



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

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

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NAME OF COMMITTEE (In Full)

**PATRICIA MAHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Ultimate Class Limousine**

Mailing Address 12 Commercial Street

City	State	Zip Code
Hicksville	NY	11801

Purpose of Disbursement  
travel expense

002

Candidate Name

**PATRICIA MAHER FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

6	1	7	4	2	3	6
405.38						

Transaction ID : SB17.4236

**B. Ultimate Class Limousine**

Mailing Address 12 Commercial Street

City	State	Zip Code
Hicksville	NY	11801

Purpose of Disbursement

002

Candidate Name

**PATRICIA MAHER FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

2	1	2	3
212.23			

Transaction ID : SB17.4241

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

6	1	7	6	1
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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

617.61

10607.31

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

PAGE 18 OF 19

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

Patricia Maher

Nature of Debt (Purpose):

debts between 3/1/2014 - 10/15/2014

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11554

Outstanding Balance Beginning This Period

4263.94

Transaction ID : SD10.4252

Amount Incurred This Period

0.00

Payment This Period

1630.00

Outstanding Balance at Close of This Period

2633.94

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

Patricia Maher

Nature of Debt (Purpose):

travel expenses

Mailing Address 301 Mitchel Field Way

City State

Zip Code

Garden City

NY

11554

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4271

Amount Incurred This Period

511.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

511.50

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

Patricia Maher

Nature of Debt (Purpose):

online database

Mailing Address 301 Mitchel Field Way

City

State

Zip Code

Garden City

NY

11554

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4272

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) ..... ▶

3178.03

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

3178.03

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) ▶

3178.03

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

Form/Schedule: SD10

Transaction ID : SD10.4252

\$900 paid towards debt owed to candidate

Form/Schedule: SD10

Transaction ID: SD10.4271

travel expense -car sevice to campaign event / fundraising