



**SUMMARY PAGE**

of Receipts and Disbursements

2 / 115

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MALONEY FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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)).....	127436.33	2936387.44
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	50580.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	127436.33	2885807.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	1126718.51	2911648.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1126718.51	2911148.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	874432.95	
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).....	0.00	

**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)

Write or Type Committee Name  
MALONEY FOR CONGRESS

Report Covering the Period: From: 

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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).....	73896.51	2012349.53
(ii) Unitemized.....	6111.24	93279.18
(iii) TOTAL of contributions from individuals..... ▶	80007.75	2105628.71
(b) Political Party Committees.....	1000.00	15335.04
(c) Other Political Committees (such as PACS).....	46428.58	815423.69
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	127436.33	2936387.44
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	500.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	40563.53
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	127436.33	2977450.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	1126718.51	2911648.98
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	44080.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	50580.00
21. OTHER DISBURSEMENTS.....	113600.00	224968.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1240318.51	3187196.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1987315.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	127436.33
25. SUBTOTAL (add Line 23 and Line 24).....	2114751.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1240318.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	874432.95

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 115  
(check only one)  
 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)  
**MALONEY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Alexander  
Mailing Address 410 East 57th St.  
City New York State NY Zip Code 10022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Merrill Lynch Occupation Investment  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt MM / DD / YYYY  
09 / 11 / 2010  
**Transaction ID:** SA11AI.30110  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Margo Alexander  
Mailing Address 138 East 92nd Street  
City New York State NY Zip Code 10128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2400.00  
Date of Receipt MM / DD / YYYY  
09 / 08 / 2010  
**Transaction ID:** SA11AI.29612  
Amount of Each Receipt this Period 2400.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Anania  
Mailing Address 120 Broadway  
City New York State NY Zip Code 10007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Best Effort Occupation Best Effort  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt MM / DD / YYYY  
09 / 20 / 2010  
**Transaction ID:** SA11AI.30221  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3400.00  
**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 NUMBER: PAGE 6 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Peter Baltis

Mailing Address 141 Swift Rd

City Voorheesville State NY Zip Code 12186

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

Name of Employer Athens Association Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010  
**Transaction ID: SA11AI.30273**  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Patrick J Barrett

Mailing Address 141 Todd Road

City Katonah State NY Zip Code 10536

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

Name of Employer Port Morris Tiles & Marble Cor Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2010  
**Transaction ID: SA11AI.29629**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Derek Bellin

Mailing Address 258 River Road

City Underhill State VT Zip Code 05489

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

Name of Employer Marymount Manhattan Occupation VP

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 535.00

Date of Receipt 09 / 02 / 2010  
**Transaction ID: SA11AI.30242**  
 Amount of Each Receipt this Period 535.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2035.00

**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 NUMBER: PAGE 7 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Joel Berson

Mailing Address 180 East End Avenue

City State Zip Code  
New York NY 10128

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

Name of Employer Self-Employed Occupation  
Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.30278

Amount of Each Receipt this Period  
100.00

450.00

**B.** Full Name (Last, First, Middle Initial)  
Joan Brown

Mailing Address 303 East 57th Street

City State Zip Code  
New York NY 10022

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

Name of Employer Retired Occupation  
Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.30259

Amount of Each Receipt this Period  
100.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher Buck

Mailing Address 14 East 90th Street

City State Zip Code  
New York NY 10128

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

Name of Employer The PCLB Foundation Occupation  
Philanthropy

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

**Transaction ID:** SA11AI.30122

Amount of Each Receipt this Period  
2400.00

2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

**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 NUMBER: PAGE 8 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Buck

Mailing Address 14 East 90th Street

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
The PCLB Foundation Philanthropy

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

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

Transaction ID: SA11AI.30124

Amount of Each Receipt this Period  
2400.00

4800.00

**B.**

Full Name (Last, First, Middle Initial)  
John Catsmatidis, Jr.

Mailing Address 817 5th Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
n/a Student

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

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

Transaction ID: SA11AI.30226

Amount of Each Receipt this Period  
2400.00

4800.00

**C.**

Full Name (Last, First, Middle Initial)  
Louis J Coletti

Mailing Address 301 East 47th Street

City State Zip Code  
New York NY 10017-2314

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

Name of Employer Occupation  
Building Trades Employers Executive

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

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Transaction ID: SA11AI.29585

Amount of Each Receipt this Period  
1000.00

2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

**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 NUMBER: PAGE 9 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MALONEY FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
William Connell

Mailing Address 1089 Evergreen Drive

City State Zip Code  
**Lake Forest IL 60045**

FEC ID number of contributing federal political committee. C

Name of Employer Allston Trading LLC Occupation CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 13 / 2010

**Transaction ID: SA11AI.30128**

Amount of Each Receipt this Period 2400.00

**B.**

Full Name (Last, First, Middle Initial)  
Arthur Corwin

Mailing Address 12 Mark Twain Dr.

City State Zip Code  
**Morristown NJ 07960**

FEC ID number of contributing federal political committee. C

Name of Employer Moretrench Occupation CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010

**Transaction ID: SA11AI.30269**

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Rick Cotton

Mailing Address 1185 Park Avenue

City State Zip Code  
**New York NY 10128**

FEC ID number of contributing federal political committee. C

Name of Employer NBC Universal Occupation Lawyer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2010

**Transaction ID: SA11AI.29494**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 4400.00

**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 NUMBER: PAGE 10 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Jane Crotty  
Mailing Address 3 Stuyvesant Oval  
City New York State NY Zip Code 10009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer George Arzt Communications Occupation Executive  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1080.00  
Date of Receipt 09 / 08 / 2010  
Transaction ID: SA11AI.29544  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Debs  
Mailing Address 1 Beekman Place  
City New York State NY Zip Code 10022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Consultant  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 09 / 03 / 2010  
Transaction ID: SA11AI.31141  
Amount of Each Receipt this Period 1400.00  
Redesignate:  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Barbara Knowles Debs  
Mailing Address 1 Beekman Place  
City New York State NY Zip Code 10022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Consultant  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 09 / 03 / 2010  
Transaction ID: SA11AI.31144  
Amount of Each Receipt this Period 2400.00  
Redesignate:  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00  
**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 NUMBER: PAGE 11 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Richard A. Debs

Mailing Address 1 Beekman Place

City State Zip Code  
New York NY 10022

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

Name of Employer Self-Employed Occupation  
Self-Employed Consultant

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.29514

Amount of Each Receipt this Period

1400.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard A. Debs

Mailing Address 1 Beekman Place

City State Zip Code  
New York NY 10022

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

Name of Employer Self-Employed Occupation  
Self-Employed Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 7200.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.29515

Amount of Each Receipt this Period

2400.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard A. Debs

Mailing Address 1 Beekman Place

City State Zip Code  
New York NY 10022

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

Name of Employer Self-Employed Occupation  
Self-Employed Consultant

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.31140

Amount of Each Receipt this Period

-1400.00

Redesignate:

[MEMO ITEM]

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

3800.00

**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 NUMBER: PAGE 12 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Richard A. Debs

Mailing Address 1 Beekman Place

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Self-Employed Consultant

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.31143

Amount of Each Receipt this Period  
-2400.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Peter Dewinter

Mailing Address 28-44 81st Street

City State Zip Code  
Astoria NY 11102

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

Name of Employer Occupation  
OPA Souvlaki Manager

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.29640

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Susan J. Dicker

Mailing Address 240 East 82nd Street

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Hostos Community College Professor

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.30204

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**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 NUMBER: PAGE 13 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ralph Drewes

Mailing Address 87 Crofflane

City State Zip Code  
Smithtown NY 11787

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

Name of Employer Occupation  
Creative Finishes Ltd. Construction Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** SA11AI.30343

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dean Facatselis

Mailing Address 13 LLOYHAVEN DRIVE

City State Zip Code  
Huntington NY 11743

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

Name of Employer Occupation  
Self-Employed Businessman

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

**Transaction ID:** SA11AI.29511

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dean Facatselis

Mailing Address 13 LLOYHAVEN DRIVE

City State Zip Code  
Huntington NY 11743

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

Name of Employer Occupation  
Self-Employed Businessman

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** SA11AI.29503

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 NUMBER: PAGE 14 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Kay Facatselis

Mailing Address 13 LLOYDHAVEN DRIVE

City State Zip Code  
Huntington NY 11743

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

Name of Employer Occupation  
Cook on TV, LLC Producer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.29512

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)  
William Fischer

Mailing Address 50 JERICHO QUADRANGLE

City State Zip Code  
Jericho NY 11753

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

Name of Employer Occupation  
Grassi & Co. Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.30276

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Edith A. Fraser

Mailing Address 2916 32ND ST, NW

City State Zip Code  
Washington DC 20008-3525

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

Name of Employer Occupation  
Diversity Best Practices President

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.30239

Amount of Each Receipt this Period

400.00

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

2150.00

**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 NUMBER: PAGE 15 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Edith A. Fraser

Mailing Address 2916 32nd St, NW

City Washington State DC Zip Code 20008-3525

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

Name of Employer Diversity Best Practices Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt 09 / 02 / 2010  
Transaction ID: SA11AI.30240  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Russell W Galbut

Mailing Address 2200 Biscayne Blvd.

City Miami State FL Zip Code 33137

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

Name of Employer Crescent Heights Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2010  
Transaction ID: SA11AI.29586  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Gantz

Mailing Address 860 5th Avenue

City New York State NY Zip Code 10065

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

Name of Employer Kren Gantz Lit Mgr Occupation Lawyer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11AI.30168  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**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 NUMBER: PAGE 16 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Terance Goggin

Mailing Address 177 Post Street

City State Zip Code  
San Francisco CA 94108

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

Name of Employer Occupation  
Aegis Reatail Group LLC CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.30257

Amount of Each Receipt this Period  
2400.00

**B.**

Full Name (Last, First, Middle Initial)  
Betsy Gotbaum

Mailing Address 211 Central Park West

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.30146

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ramsey Green

Mailing Address 608 Upperline Office

City State Zip Code  
New Orleans LA 70115

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

Name of Employer Occupation  
Recovery School District of LA Chief Operating Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** SA11AI.30105

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2900.00**

**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 NUMBER: PAGE 17 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Jordan L. Gruzen

Mailing Address 21 South End Avenue

City State Zip Code  
New York NY 10280-1061

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

Name of Employer Occupation  
Gruzen Samton Inc Architect

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.30171

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Rosilla H. Hawes

Mailing Address 455 North End Avenue

City State Zip Code  
New York NY 10282

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.30267

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Sherrye P Henry

Mailing Address 177 East 77th St

City State Zip Code  
New York NY 10075

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

Name of Employer Occupation  
Episcopal Relief & Development MA

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11AI.29540

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 NUMBER: PAGE 18 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John A. Herrmann

Mailing Address 1105 Park Avenue

City State Zip Code  
New York NY 10036

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

Name of Employer Occupation  
J.P. Morgan-Chase Banker

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.29588

Amount of Each Receipt this Period

1400.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John A. Herrmann

Mailing Address 1105 Park Avenue

City State Zip Code  
New York NY 10036

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

Name of Employer Occupation  
J.P. Morgan-Chase Banker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.29589

Amount of Each Receipt this Period

1100.00

**C.**

Full Name (Last, First, Middle Initial)  
Megan Hull

Mailing Address 2226 Hall Place NW

City State Zip Code  
Washingon DC 20007

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 12 / 2010

Transaction ID: SA11AI.31147

Amount of Each Receipt this Period

1000.00

Earmarked Act Blue

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

3500.00

**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 NUMBER: PAGE 19 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Kahn

Mailing Address 210 East 65th Street

City State Zip Code  
New York NY 10065

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

Name of Employer Kenart Realities      Occupation Real Estate

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.29623

Amount of Each Receipt this Period  
2000.00

Election Cycle-to-Date ▼ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia A. Kenner

Mailing Address 720 Park Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Campus Coach Lines      Occupation Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.29516

Amount of Each Receipt this Period  
1000.00

Election Cycle-to-Date ▼ 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Kinsolving

Mailing Address 1107 Fifth Avenue

City State Zip Code  
New York NY 10128

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

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.30215

Amount of Each Receipt this Period  
1000.00

Election Cycle-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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  
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FOR LINE NUMBER: PAGE 20 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Elena T Kissel

Mailing Address 106 East 85th St.

City State Zip Code  
New York NY 10028

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

Name of Employer Self-Employed Occupation  
Lawyer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11AI.29613

Amount of Each Receipt this Period  
1900.00

In-kind - Host

**B.**

Full Name (Last, First, Middle Initial)  
Elena T Kissel

Mailing Address 106 East 85th St.

City State Zip Code  
New York NY 10028

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

Name of Employer Self-Employed Occupation  
Lawyer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2716.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11AI.29615

Amount of Each Receipt this Period  
316.51

In-kind - host catering

**C.**

Full Name (Last, First, Middle Initial)  
Maureen Kordvani

Mailing Address 30 West 48th Street

City State Zip Code  
New York NY 10036

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

Name of Employer A&D Jems Occupation  
Jeweler

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** SA11AI.29499

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3716.51**

**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 NUMBER: PAGE 21 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Kathy Kourkoumelis

Mailing Address 3308 30th Avenue

City State Zip Code  
Astoria NY 11103

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

Name of Employer Self-employed Occupation  
Property Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2140.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.29590

Amount of Each Receipt this Period

1400.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathy Kourkoumelis

Mailing Address 3308 30th Avenue

City State Zip Code  
Astoria NY 11103

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

Name of Employer Self-employed Occupation  
Property Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2740.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.29591

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathy Kourkoumelis

Mailing Address 3308 30th Avenue

City State Zip Code  
Astoria NY 11103

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

Name of Employer Self-employed Occupation  
Property Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4240.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11AI.29625

Amount of Each Receipt this Period

1500.00

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

3500.00

**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 NUMBER: PAGE 22 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Sarah Kovner

Mailing Address 27 West 67th Street

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Homemaker Homemaker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

**Transaction ID:** SA11AI.30236

Amount of Each Receipt this Period  
500.00

740.00

**B.** Full Name (Last, First, Middle Initial)  
Abner Larrieux

Mailing Address 204 Check Avenue

City State Zip Code  
Parlin NJ 08859

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

Name of Employer Occupation  
Skansk Consultant

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

**Transaction ID:** SA11AI.30237

Amount of Each Receipt this Period  
500.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Lichtman

Mailing Address 750 Lexington Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Self-Employed Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11AI.29609

Amount of Each Receipt this Period  
1000.00

1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 NUMBER: PAGE 23 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Scott Liu

Mailing Address 4 Villa Street

City Roslyn Heights State NY Zip Code 11577

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

Name of Employer NY Institute Of Technology Occupation Professor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 10 / 2010

Transaction ID: SA11AI.29643

Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Lomier

Mailing Address 111 Turtle Cove Ln

City Huntington State NY Zip Code 11743

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

Name of Employer Forest Electric Corp Occupation Construction Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 20 / 2010

Transaction ID: SA11AI.30166

Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dana Loving

Mailing Address 400 North Flager

City West Palm Beach State FL Zip Code 33401

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 13 / 2010

Transaction ID: SA11AI.30125

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 NUMBER: PAGE 24 / 115  
(check only one)  
 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)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Dana Loving

Mailing Address 400 North Flager

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Occupation  
Homemaker Homemaker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.30279

Amount of Each Receipt this Period  
50.00

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Anthony E. Malkin

Mailing Address 60 East 42nd Street

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation  
W & M Properties President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

**Transaction ID:** SA11AI.30117

Amount of Each Receipt this Period  
2400.00

2400.00

**C.**

Full Name (Last, First, Middle Initial)  
Rachelle Malkin

Mailing Address 107 Doubling Road

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
Homemaker Homemaker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

**Transaction ID:** SA11AI.30119

Amount of Each Receipt this Period  
2400.00

2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4850.00**

**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 NUMBER: PAGE 25 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Barry A. Mannis

Mailing Address 130 Dorchester Rd

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Self-Employed Occupation  
Private Sector

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	1	0

**Transaction ID:** SA11AI.29592

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ruth Messinger

Mailing Address 91 central Park West

City State Zip Code  
New York NY 10023

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

Name of Employer Retired Occupation  
Retired

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

**Transaction ID:** SA11AI.30143

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Morgan

Mailing Address 1120 Fifth Avenue

City State Zip Code  
New York NY 10128

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

Name of Employer Self-Employed Occupation  
Therapist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	1	0

**Transaction ID:** SA11AI.30229

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 NUMBER: PAGE 26 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MALONEY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Mary Namorato

Mailing Address 301 East 44th St.#505

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
TD amertrade Senior Manager

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.30200

Amount of Each Receipt this Period  
25.00

475.00

**B.** Full Name (Last, First, Middle Initial)  
Sudhir Parikh

Mailing Address 18 North Third Avenue

City State Zip Code  
Highland Park NJ 08904

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

Name of Employer Occupation  
Center For Asthma & Allergy Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

**Transaction ID:** SA11AI.30198

Amount of Each Receipt this Period  
250.00

250.00

**C.** Full Name (Last, First, Middle Initial)  
Julie Ratner

Mailing Address 95 Eky Brook Hand Greek Road

City State Zip Code  
East Hampton NY 11937-1002

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

Name of Employer Occupation  
Ellen P. Hermanson Foundation President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** SA11AI.30100

Amount of Each Receipt this Period  
250.00

590.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

**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 NUMBER: PAGE 27 / 115  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Jun Koo Rhee

Mailing Address 41 Holland Avenue

City State Zip Code  
Demarest NJ 07627

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

Name of Employer Self-Employed Occupation  
Occupation Martial Arts

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.29557

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Wyatt Rockefeller

Mailing Address 49 East 92nd St.

City State Zip Code  
New York NY 10128

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

Name of Employer EGG-Energy Occupation  
Occupation Director of Distribution

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11AI.30102

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Rose

Mailing Address 895 Park Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Rose Associates, Inc. Occupation  
Occupation President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.30177

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 NUMBER: PAGE 28 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Jack Rosen

Mailing Address 18 East 85th Street

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Rosen Partners Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11AI.29611

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Janet C. Ross

Mailing Address 19 East 72nd Street

City State Zip Code  
New York NY 10021-4145

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

Name of Employer Occupation  
N/A Retired Artist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

**Transaction ID:** SA11AI.30176

Amount of Each Receipt this Period  
2400.00

**C.**

Full Name (Last, First, Middle Initial)  
Janice Schacter

Mailing Address 233 East 78th Street

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Cadwalader, Wickershan & Taft Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.30165

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

**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 NUMBER: PAGE 29 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Arthur Schiff

Mailing Address 1199 Park Avenue

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Self-Employed Lawyer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.29529

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Sergi

Mailing Address 60 Mannelto Hill Rd

City State Zip Code  
Huntington NY 11743

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

Name of Employer Occupation  
Competition Architectural Contractor

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.30189

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Stiglitz

Mailing Address 258 Riverside Drive

City State Zip Code  
New York NY 10025

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

Name of Employer Occupation  
Columbia University Professor

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2010

Transaction ID: SA11AI.30135

Amount of Each Receipt this Period

1000.00

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

1600.00

**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 NUMBER: PAGE 30 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Peter J Striano

Mailing Address 5 Ariel Court

City State Zip Code  
Sands Point NY 11050

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

Name of Employer: Unity International Group  
Occupation: Chief Executive Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 08 / 2010  
**Transaction ID:** SA11AI.29594  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen C. Swanson

Mailing Address 65 East 92nd St.

City State Zip Code  
New York NY 10128

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

Name of Employer: Self-employed  
Occupation: Investor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 10 / 2010  
**Transaction ID:** SA11AI.29657  
 Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Phebe Thorne

Mailing Address 35 Thorne Way

City State Zip Code  
Keen Valley NY 12943

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

Name of Employer: Retired  
Occupation: Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** SA11AI.30212  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**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 NUMBER: PAGE 31 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
John L. Tishman

Mailing Address 147 Mianus River Road

City State Zip Code  
Bedford NY 10506

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

Name of Employer Occupation  
Tishman Realty Co. Inc. CEO

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.30216

Amount of Each Receipt this Period

2400.00

**B.**

Full Name (Last, First, Middle Initial)  
Vicky Tzolis

Mailing Address 91 Borglum Road

City State Zip Code  
Manhasset NY 11030

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11AI.29650

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Anthony Vespa

Mailing Address 2161 Coleman St.

City State Zip Code  
Brooklyn NY 11234

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

Name of Employer Occupation  
Port Morris Tile & Marble Corp VP

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11AI.29626

Amount of Each Receipt this Period

500.00

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

3100.00

**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 NUMBER: PAGE 32 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)

John Waller

Mailing Address 18 Villas Circle

City State Zip Code  
Melville NY 11747

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2010

Transaction ID: SA11AI.30116

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gilbert Walter

Mailing Address 15 Gray Gardens West

City State Zip Code  
Cambridge ME 02142

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

Name of Employer BioVentures Investors Occupation  
BioVentures Investors Venture Capitalist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.31150

Amount of Each Receipt this Period

1000.00

Earmarked Act Blue

**C.**

Full Name (Last, First, Middle Initial)

Christina Weppner

Mailing Address 127 West 82nd Street

City State Zip Code  
New York NY 10024

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

Name of Employer Self-Employed Occupation  
Self-Employed Interior Design

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 290.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2010

Transaction ID: SA11AI.30141

Amount of Each Receipt this Period

20.00

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

1120.00

**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 NUMBER: PAGE 33 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Richard Winick

Mailing Address 32 West 47th St

City State Zip Code  
New York NY 10036

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

Name of Employer Self Employed Occupation  
Self Employed Jeweler

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.30161

Amount of Each Receipt this Period  
200.00

400.00

**B.**

Full Name (Last, First, Middle Initial)  
Bernard Winograd

Mailing Address 103 East 75th St

City State Zip Code  
New York NY 10011

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

Name of Employer Prudential Financial Occupation  
Prudential Financial COO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.30218

Amount of Each Receipt this Period  
1000.00

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Eugene Zagat

Mailing Address 55 Central Park West

City State Zip Code  
New York NY 10023

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

Name of Employer Self-Employed Occupation  
Self-Employed Publisher

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** SA11AI.29509

Amount of Each Receipt this Period  
1000.00

1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

**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 NUMBER: PAGE 34 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Caroline Rob Zaleski  
Mailing Address 300 Central Park West  
City State Zip Code  
New York NY 10025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Preservation League Of NY Architect  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 1 0  
Transaction ID: SA11AI.30340  
Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Zetlin  
Mailing Address 15 Shelter Lane  
City State Zip Code  
New York NY 10017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Zetlin & Dechiara LLP Lawyer  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 1 0  
Transaction ID: SA11AI.30244  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**  
**TOTAL** This Period (last page this line number only) ..... ► **73896.51**

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

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

FOR LINE NUMBER: PAGE 35 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Friends Of Liz Krueger

Mailing Address 350 East78th Street

City State Zip Code  
New York NY 10075

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2010

Transaction ID: SA11B.29523

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 36 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 14767.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2010

**Transaction ID:** SA11C.31146

Amount of Each Receipt this Period  
1000.00

Earmarked

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 14767.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11C.31149

Amount of Each Receipt this Period  
1000.00

Earmarked

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 815 16th Street N.W.

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** SA11C.30185

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 NUMBER: PAGE 37 / 115  
(check only one)  
 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)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
American For Democratic Action

Mailing Address 275 7th Avenue

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

**Transaction ID:** SA11C.29639

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC) (FKA N-CAP)

Mailing Address 600 MARYLAND AVENUE SW SUITE 100W

City State Zip Code  
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** SA11C.30227

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
CONSUMER DATA INDUSTRY ASSOCIATION INC POLITICAL ACTION COMMITTEE OR CDIA PAC

Mailing Address 1090 VERMONT AVE NW SUITE 200

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00030593

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** SA11C.30225

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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 NUMBER: PAGE 38 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

Mailing Address 16 COURT STREET 4TH FLOOR

City State Zip Code  
BROOKLYN NY 11241

FEC ID number of contributing federal political committee. **C** C00355818

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11C.29580

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** SA11C.29730

Amount of Each Receipt this Period  
58.58

In-kind - fundraising services

**C.** Full Name (Last, First, Middle Initial)  
ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECPAC)

Mailing Address 3 BETHESDA METRO CENTER SUITE 1100

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010

**Transaction ID:** SA11C.30174

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2058.58**

**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 NUMBER: PAGE 39 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
EQUIFAX POLITICAL ACTION COMMITTEE

Mailing Address 1550 PEACHTREE STREET NW

City ATLANTA State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C** C00143867

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** SA11C.30223  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
HALLMARK POLITICAL ACTION COMMITTEE-FEDERAL HALLPAC-FEDERAL

Mailing Address 2501 MCGEE STREET MAIL #288  
PO BOX 419580

City KANSAS CITY State MO Zip Code 64141

FEC ID number of contributing federal political committee. **C** C00000059

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** SA11C.30256  
 Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 22 / 2010  
**Transaction ID:** SA11C.30233  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**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 NUMBER: PAGE 40 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MANAGED FUNDS ASSOCIATION PAC (MFA PAC) FKA MANAGED FUTURES ASSOC PAC (MFA PAC)

Mailing Address 2025 M Street NW  
Suite 800

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00306894

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2010

**Transaction ID:** SA11C.30188

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
MEREDITH CORPORATION EMPLOYEES FUND FOR BETTER GOVERNMENT

Mailing Address 1716 LOCUST STREET

City State Zip Code  
DES MOINES IA 50309

FEC ID number of contributing federal political committee. **C** C00010520

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2010

**Transaction ID:** SA11C.30184

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
MID MANHATTAN POLITICAL ACTION COMMITTEE (MID PAC)

Mailing Address 450 7TH AVENUE SUITE 1100

City State Zip Code  
NEW YORK NY 10123

FEC ID number of contributing federal political committee. **C** C00165944

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 22530.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID:** SA11C.29583

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 NUMBER: PAGE 41 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MID MANHATTAN POLITICAL ACTION COMMITTEE (MID PAC)  
Mailing Address 450 7TH AVENUE SUITE 1100  
City NEW YORK State NY Zip Code 10123  
FEC ID number of contributing federal political committee. **C** C00165944  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 26500.00  
Date of Receipt: 09 / 08 / 2010  
Transaction ID: SA11C.29584  
Amount of Each Receipt this Period: 3970.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFED)  
Mailing Address 606 NORTH WASHINGTON STREET  
City ALEXANDRIA State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00091561  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt: 09 / 13 / 2010  
Transaction ID: SA11C.30191  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF POSTAL SUPERVISORS POLITICAL ACTION COMMITTEE  
Mailing Address 1727 King Street Suite 400  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00092957  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00  
Date of Receipt: 09 / 22 / 2010  
Transaction ID: SA11C.30234  
Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6970.00  
**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 NUMBER: PAGE 42 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 DUKE STREET 4TH FLOOR

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11C.30246

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION; THE (FKA NEAPAC)

Mailing Address 1201 16TH STREET NW #421

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010

**Transaction ID:** SA11C.30173

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
NEWASURION CORP EMPLOYEES FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 648 GRASSMERE PARK SUITE 300

City State Zip Code  
NASHVILLE TN 37211

FEC ID number of contributing federal political committee. **C** C00450916

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11C.30247

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9500.00**

**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 NUMBER: PAGE 43 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL  
Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010  
**Transaction ID:** SA11C.30358  
Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC  
Mailing Address 320 WEST 46TH STREET

City State Zip Code  
NEW YORK NY 10036

FEC ID number of contributing federal political committee. **C** C00325639

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010  
**Transaction ID:** SA11C.30250  
Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE  
Mailing Address 80 WEST END AVENUE

City State Zip Code  
NEW YORK NY 10023

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010  
**Transaction ID:** SA11C.30172  
Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

**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 NUMBER: PAGE 44 / 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
TRANS UNION LLC POLITICAL ACTION COMMITTEE

Mailing Address 555 WEST ADAMS ST

City State Zip Code  
CHICAGO IL 60661

FEC ID number of contributing federal political committee. **C** C00313700

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** SA11C.30224  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION

Mailing Address 1775 K STREET NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70003645

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 22 / 2010  
**Transaction ID:** SA11C.30235  
 Amount of Each Receipt this Period: 2400.00

**C.** Full Name (Last, First, Middle Initial)  
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City State Zip Code  
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 08 / 2010  
**Transaction ID:** SA11C.29582  
 Amount of Each Receipt this Period: 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6400.00**

**TOTAL** This Period (last page this line number only) ..... ► **46428.58**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Act Blue Federal Conduit Account

Transaction ID: SB17.30303  
Date of Disbursement

Mailing Address P.O. Box 382110

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	0

City State Zip Code  
Cambridge MA 02238-2110

Amount of Each Disbursement this Period

0.10
------

Purpose of Disbursement  
Service Fee  
Candidate Name

001
-----

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Act Blue Federal Conduit Account

Transaction ID: SB17.30305  
Date of Disbursement

Mailing Address P.O. Box 382110

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	0

City State Zip Code  
Cambridge MA 02238-2110

Amount of Each Disbursement this Period

39.50
-------

Purpose of Disbursement  
Service Fee  
Candidate Name

--

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Act Blue Federal Conduit Account

Transaction ID: SB17.30338  
Date of Disbursement

Mailing Address P.O. Box 382110

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

City State Zip Code  
Cambridge MA 02238-2110

Amount of Each Disbursement this Period

0.04
------

Purpose of Disbursement  
Service Fee  
Candidate Name

001
-----

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

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

39.64
-------

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

--

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Act Blue Federal Conduit Account

Transaction ID: SB17.30335  
Date of Disbursement

Mailing Address P.O. Box 382110

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City State Zip Code  
Cambridge MA 02238-2110

Amount of Each Disbursement this Period

39.50
-------

Purpose of Disbursement  
Service Fee  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Leonard Adams

Transaction ID: SB17.29759  
Date of Disbursement

Mailing Address 341 16 12th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City State Zip Code  
Long Island City NY 11101

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Leonard Adams

Transaction ID: SB17.29838  
Date of Disbursement

Mailing Address 341 16 12th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City State Zip Code  
Long Island City NY 11101

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Election Queens Field Worker  
Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1039.50
---------

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

--

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Alexandria Agins

Transaction ID: SB17.29768  
Date of Disbursement

Mailing Address 32-42 160th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City Flushing State NY Zip Code 11358

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Expenses

002
Category/ Type

202.89
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Alexandria Agins

Transaction ID: SB17.29808  
Date of Disbursement

Mailing Address 32-42 160th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

City Flushing State NY Zip Code 11358

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

002
Category/ Type

246.51
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
American Express Co.

Transaction ID: SB17.29847  
Date of Disbursement

Mailing Address P.O.Box 2855

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

City New York State NY Zip Code 10116-2855

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Expenses-See Split

007
Category/ Type

7241.22
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

7690.62
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express Co. <hr/> Mailing Address 1475 Boettler Road <hr/> City Uniontown State OH Zip Code 44685 <hr/> Purpose of Disbursement August Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.0 Date of Disbursement 08 / 26 / 2010
	Amount of Each Disbursement this Period 154.17
	[MEMO ITEM]
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Co. Costco Wholesale <hr/> Mailing Address 32-50 Vernon Blvd. <hr/> City Long Island State NY Zip Code 11106 <hr/> Purpose of Disbursement Catering Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.3 Date of Disbursement 08 / 30 / 2010
	Amount of Each Disbursement this Period 152.41
	[MEMO ITEM]
	Category/Type 003
<b>C.</b> Full Name (Last, First, Middle Initial) Copy Quest <hr/> Mailing Address East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement Copies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.4 Date of Disbursement 08 / 26 / 2010
	Amount of Each Disbursement this Period 59.23
	[MEMO ITEM]
	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
USPS Moto

Mailing Address P.O Box 219424

City State Zip Code  
Kansas City MD 64121

Purpose of Disbursement  
Stamps

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29847.5  
Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

1877.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
NYC Taxi MEd

Mailing Address 657 10th Avenue

City State Zip Code  
New York NM 10036

Purpose of Disbursement  
Travel

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29847.7  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

9.89

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Lexis Nexis

Mailing Address P.O. Box 7247-7090

City State Zip Code  
Philadelphia PA 19170-7090

Purpose of Disbursement  
Research

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29847.8  
Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

163.31

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
D'Agostino

Mailing Address 341 3rd Avenue

City State Zip Code  
New York NY 11105

Purpose of Disbursement  
Food-Volunteers

Candidate Name

008  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29847.9  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

83.98

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Electro Rent Corp.

Mailing Address 2 Center Court

City State Zip Code  
Totowa NJ 02512

Purpose of Disbursement  
Copy Rental

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29847.10  
Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

120.85

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
BMC Metro PCS

Mailing Address P.O. Box 5119

City State Zip Code  
Carol Stream IL 60197

Purpose of Disbursement  
Phones

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29847.11  
Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) BMC Metro PCS <hr/> Mailing Address P.O. Box 5119 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.12 Date of Disbursement 08 / 26 / 2010
	Amount of Each Disbursement this Period 177.00
	[MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Pascalou Restaurant <hr/> Mailing Address 1308 Madison Avenue <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement Food- Meeting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.16 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 150.82
	[MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) D'Agostino <hr/> Mailing Address 341 3rd Avenue <hr/> City New York State NY Zip Code 11105 <hr/> Purpose of Disbursement Meeting Food Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.18 Date of Disbursement 08 / 26 / 2010
	Amount of Each Disbursement this Period 155.60
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Yura Co. On Madison <hr/> Mailing Address 1292 Madison Ave. <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement Mtg.costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.19 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 24.70
	[MEMO ITEM]
	Category/Type: 003
<b>B.</b> Full Name (Last, First, Middle Initial) USPS Moto <hr/> Mailing Address P.O Box 219424 <hr/> City Kansas City State MD Zip Code 64121 <hr/> Purpose of Disbursement Stamps Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.21 Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2010
	Amount of Each Disbursement this Period 881.00
	[MEMO ITEM]
	Category/Type: 004
<b>C.</b> Full Name (Last, First, Middle Initial) Yura Co. On Madison <hr/> Mailing Address 1292 Madison Ave. <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement Cocktail Reception F/R Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.22 Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2010
	Amount of Each Disbursement this Period 296.05
	[MEMO ITEM]
	Category/Type: 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Apple Store <hr/> Mailing Address One Garden State Plaza <hr/> City Paramus State NJ Zip Code 07652 <hr/> Purpose of Disbursement Campaign Computer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.23 Date of Disbursement 08 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 1184.33 <hr/> [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS Moto <hr/> Mailing Address P.O Box 219424 <hr/> City Kansas City State MD Zip Code 64121 <hr/> Purpose of Disbursement Stamps Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29847.24 Date of Disbursement 09 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 1320.00 <hr/> [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) American Express Co. <hr/> Mailing Address P.O.Box 2855 <hr/> City New York State NY Zip Code 10116-2855 <hr/> Purpose of Disbursement Amex Collection Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29853 Date of Disbursement 09 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 4.95

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4.95

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) American Express Co.  Mailing Address P.O.Box 2855  City New York State NY Zip Code 10116-2855  Purpose of Disbursement Campaign expenses-see split Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734 Date of Disbursement 09 / 20 / 2010  Amount of Each Disbursement this Period 18730.76  007 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS Moto  Mailing Address P.O Box 219424  City Kansas City State MD Zip Code 64121  Purpose of Disbursement Stamps Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.0 Date of Disbursement 09 / 03 / 2010  Amount of Each Disbursement this Period 701.00  003 Category/ Type  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Aramark  Mailing Address 1101 Market Street  City Philadelphia State PA Zip Code 19107  Purpose of Disbursement Mets Fundraiser- Catering Costs Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.2 Date of Disbursement 09 / 01 / 2010  Amount of Each Disbursement this Period 2653.79  003 Category/ Type  <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

18730.76

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Capital Grill

Mailing Address 155 East 42nd Street

City New York State NY Zip Code 10017

Purpose of Disbursement  
Food Costs-Mtg.

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29734.5  
Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

229.24

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
NYC Taxi MED

Mailing Address 657 10th Avenue

City New York State NM Zip Code 10036

Purpose of Disbursement  
travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29734.6  
Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

25.30

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
NYC Taxi MED

Mailing Address 657 10th Avenue

City New York State NM Zip Code 10036

Purpose of Disbursement  
travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29734.7  
Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

19.09

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Copy Quest  Mailing Address East 92nd Street  City New York State NY Zip Code 10128  Purpose of Disbursement Copies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29734.10 Date of Disbursement 09 / 08 / 2010  Amount of Each Disbursement this Period 326.63  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) D'Agostino  Mailing Address 341 3rd Avenue  City New York State NY Zip Code 11105  Purpose of Disbursement Food- Campaign Office Mtg Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29734.11 Date of Disbursement 09 / 03 / 2010  Amount of Each Disbursement this Period 76.93  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Amtrak Co.  Mailing Address 60 Massachusetts Avenue NE  City Washington State DC Zip Code 20002-4225  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29734.13 Date of Disbursement 09 / 03 / 2010  Amount of Each Disbursement this Period 16.10  [MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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



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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.15 Date of Disbursement 09 / 04 / 2010	Amount of Each Disbursement this Period 25.99 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.16 Date of Disbursement 09 / 04 / 2010	Amount of Each Disbursement this Period 21.39 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Lexis Nexis <hr/> Mailing Address P.O. Box 7247-7090 <hr/> City Philadelphia State PA Zip Code 19170-7090 <hr/> Purpose of Disbursement Research Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.18 Date of Disbursement 09 / 02 / 2010	Amount of Each Disbursement this Period 163.31 [MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NYC Taxi MEd	Transaction ID: SB17.29734.20
	Mailing Address 657 10th Avenue	Date of Disbursement 09 / 03 / 2010
	City New York State NM Zip Code 10036	Amount of Each Disbursement this Period 22.31
	Purpose of Disbursement travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) NYC Taxi MEd	Transaction ID: SB17.29734.23
	Mailing Address 657 10th Avenue	Date of Disbursement 09 / 05 / 2010
	City New York State NM Zip Code 10036	Amount of Each Disbursement this Period 25.53
	Purpose of Disbursement travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) USPS Moto	Transaction ID: SB17.29734.24
	Mailing Address P.O Box 219424	Date of Disbursement 09 / 06 / 2010
	City Kansas City State MD Zip Code 64121	Amount of Each Disbursement this Period 841.00
	Purpose of Disbursement Stamps Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Metro Card

Mailing Address G.P.O. Box 26133

City State Zip Code  
New York NY 10087

Purpose of Disbursement  
Travel for Volunteers

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29734.27  
Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

2700.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Electro Rent Corp.

Mailing Address 2 Center Court

City State Zip Code  
Totowa NJ 02512

Purpose of Disbursement  
Rental

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29734.28  
Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

120.85

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Va Bene

Mailing Address 1589 2nd Avenue

City State Zip Code  
New York NY 10019

Purpose of Disbursement  
Catering Costs

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29734.29  
Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

260.76

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BMC Metro PCS	Transaction ID: SB17.29734.31 Date of Disbursement 09 / 01 / 2010
	Mailing Address P.O. Box 5119	Amount of Each Disbursement this Period 177.00
	City Carol Stream State IL Zip Code 60197	
	Purpose of Disbursement Phones Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) BMC Metro PCS	Transaction ID: SB17.29734.32 Date of Disbursement 09 / 01 / 2010
	Mailing Address P.O. Box 5119	Amount of Each Disbursement this Period 70.00
	City Carol Stream State IL Zip Code 60197	
	Purpose of Disbursement Phones Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Electro Rent Corp.	Transaction ID: SB17.29734.33 Date of Disbursement 09 / 07 / 2010
	Mailing Address 2 Center Court	Amount of Each Disbursement this Period 435.51
	City Totowa State NJ Zip Code 02512	
	Purpose of Disbursement Rental Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Copy Quest Mailing Address East 92nd Street City New York State NY Zip Code 10128 Purpose of Disbursement Copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.34 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 218.84
	[MEMO ITEM]
	Category/Type 003
<b>B.</b> Full Name (Last, First, Middle Initial) NYC Taxi MEd Mailing Address 657 10th Avenue City New York State NM Zip Code 10036 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.36 Date of Disbursement 09 / 25 / 2010
	Amount of Each Disbursement this Period 26.91
	[MEMO ITEM]
	Category/Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) Yura Co. On Madison Mailing Address 1292 Madison Ave. City New York State NY Zip Code 10128 Purpose of Disbursement Mtg. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.44 Date of Disbursement 08 / 27 / 2010
	Amount of Each Disbursement this Period 33.30
	[MEMO ITEM]
	Category/Type 003

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) The Pizza Pub  Mailing Address 294 3rd St.  City New York State NY Zip Code 10010  Purpose of Disbursement Volunteers Food-Campaign Mtg. Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29734.50 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 117.25  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) NYC Taxi MEd  Mailing Address 657 10th Avenue  City New York State NM Zip Code 10036  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29734.52 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 23.39  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Yura Co. On Madison  Mailing Address 1292 Madison Ave.  City New York State NY Zip Code 10128  Purpose of Disbursement Food-Meeting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29734.55 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 82.78  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.57 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 15.87 <hr/> [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.61 Date of Disbursement 09 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 18.17 <hr/> [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Jean Georges New York <hr/> Mailing Address 1 Central Park West <hr/> City New York State NY Zip Code 10023 <hr/> Purpose of Disbursement Breakfast F/R Catering Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.62 Date of Disbursement 09 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 2474.20 <hr/> [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.66 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 19.09
	[MEMO ITEM]
	Category/Type: 002
<b>B.</b> Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.68 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 16.55
	[MEMO ITEM]
	Category/Type: 002
<b>C.</b> Full Name (Last, First, Middle Initial) Copy Quest <hr/> Mailing Address East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement Copies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.69 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 218.84
	[MEMO ITEM]
	Category/Type: 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Shell Oil  Mailing Address East 96th Street  City New York State NY Zip Code 10029  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29734.70 Date of Disbursement 09 / 10 / 2010  Amount of Each Disbursement this Period 44.30  [MEMO ITEM]	002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS Moto  Mailing Address P.O Box 219424  City Kansas City State MD Zip Code 64121  Purpose of Disbursement Stamps Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29734.71 Date of Disbursement 09 / 10 / 2010  Amount of Each Disbursement this Period 2201.00  [MEMO ITEM]	007 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Co. Costco Wholesale  Mailing Address 32-50 Vernon Blvd.  City Long Island State NY Zip Code 11106  Purpose of Disbursement Catering Cost Garden F/R Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29734.74 Date of Disbursement 08 / 27 / 2010  Amount of Each Disbursement this Period 704.42  [MEMO ITEM]	004 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) U.S. Post Office	Transaction ID: SB17.29734.75 Date of Disbursement
	Mailing Address G.O.P. Box	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period
	Purpose of Disbursement Stamps Candidate Name	<input type="text" value="220.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) K & D. Wine. Co.	Transaction ID: SB17.29734.76 Date of Disbursement
	Mailing Address Madison Avenue	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering Costs-Garden Fundraiser Candidate Name	<input type="text" value="186.66"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) U.S. Post Office	Transaction ID: SB17.29734.77 Date of Disbursement
	Mailing Address G.O.P. Box	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period
	Purpose of Disbursement Stamps Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.82 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 18.17 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) NYC Taxirifone <hr/> Mailing Address 3615 13th St. <hr/> City L.I. C. State NY Zip Code 11230 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.83 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 20.78 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) NYC Taxi MEd <hr/> Mailing Address 657 10th Avenue <hr/> City New York State NM Zip Code 10036 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29734.84 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 32.32 <hr/> [MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NYC Taxi MEd	Transaction ID: SB17.29734.85
	Mailing Address 657 10th Avenue	Date of Disbursement MM / DD / YYYY 09 / 08 / 2010
	City New York State NM Zip Code 10036	Amount of Each Disbursement this Period 30.59
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) NYC Taxi MEd	Transaction ID: SB17.29734.86
	Mailing Address 657 10th Avenue	Date of Disbursement MM / DD / YYYY 09 / 08 / 2010
	City New York State NM Zip Code 10036	Amount of Each Disbursement this Period 28.09
	Purpose of Disbursement TRAVEL Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Federal Express Co.	Transaction ID: SB17.29734.87
	Mailing Address 1475 Boettler Road	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City Uniontown State OH Zip Code 44685	Amount of Each Disbursement this Period 179.87
	Purpose of Disbursement Sept. Fed. Mail Cost Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Lori Amor

Transaction ID: SB17.29771  
Date of Disbursement

Mailing Address 21-38 45th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City State Zip Code  
New York NY 11105

Amount of Each Disbursement this Period

205.02
--------

Purpose of Disbursement  
Travel expenses

002
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Lori Amor

Transaction ID: SB17.29809  
Date of Disbursement

Mailing Address 21-38 45th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

City State Zip Code  
New York NY 11105

Amount of Each Disbursement this Period

755.86
--------

Purpose of Disbursement  
Travel Expenses

002
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Alex Anfang

Transaction ID: SB17.29767  
Date of Disbursement

Mailing Address 145 fourth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City State Zip Code  
New York NY 10003

Amount of Each Disbursement this Period

463.40
--------

Purpose of Disbursement  
Travel Expense

002
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

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

1424.28
---------

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Alex Anfang

Transaction ID: SB17.29810  
Date of Disbursement

Mailing Address 145 fourth Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

City State Zip Code  
New York NY 10003

Amount of Each Disbursement this Period

516.56
--------

Purpose of Disbursement  
Travel Expenses

002
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
James Ansorge

Transaction ID: SB17.29691  
Date of Disbursement

Mailing Address 112 East 83rd Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City State Zip Code  
New York NY 10028

Amount of Each Disbursement this Period

488.95
--------

Purpose of Disbursement  
Travel reimbursement

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Artz Communication Inc.

Transaction ID: SB17.29694  
Date of Disbursement

Mailing Address 123 William Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

City State Zip Code  
New York NY 10004

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Media Consultant

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

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

6005.51
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Berlin Rosen LTD

Mailing Address 15 Maiden Lane

City State Zip Code  
New York NY 10038

Purpose of Disbursement  
Palm Cards

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29822  
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

525.00

B.

Full Name (Last, First, Middle Initial)  
Sean Blackshear

Mailing Address 421 Astoria Blvd.

City State Zip Code  
Astoria NY 11105

Purpose of Disbursement

Candidate Name

008  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29715  
Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)  
Carl Silverberg Association

Mailing Address 820 North Carolina Avenue SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
DC Financial Director

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29670  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

10000.00

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

10675.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Chase Bank

Transaction ID: SB17.29851  
Date of Disbursement

Mailing Address P.O. Box 15836

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City Willmington State DE Zip Code 19886-5836

Amount of Each Disbursement this Period

10.00
-------

Purpose of Disbursement  
Service Fee  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Chase Bank

Transaction ID: SB17.29852  
Date of Disbursement

Mailing Address P.O. Box 15836

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City Willmington State DE Zip Code 19886-5836

Amount of Each Disbursement this Period

29.20
-------

Purpose of Disbursement  
Service Fee  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Ben Chevat

Transaction ID: SB17.29868  
Date of Disbursement

Mailing Address 8516 Fox Run

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

City Potomac State MD Zip Code 20854

Amount of Each Disbursement this Period

644.90
--------

Purpose of Disbursement  
Travel Expenses-  
Candidate Name

002
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

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

684.10
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Ben Chevat

Transaction ID: SB17.29814  
Date of Disbursement

Mailing Address 8516 Fox Run

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City Potomac State MD Zip Code 20854

Amount of Each Disbursement this Period

Purpose of Disbursement  
reimbursement - travel

002
Category/ Type

338.00
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Clarici Graphics Inc.

Transaction ID: SB17.29889  
Date of Disbursement

Mailing Address 88 Youngs Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

City Mercerville State NJ Zip Code 08619

Amount of Each Disbursement this Period

Purpose of Disbursement  
Corroplast 24x75 Prints

006
Category/ Type

4894.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Community Media LIC

Transaction ID: SB17.29745  
Date of Disbursement

Mailing Address 487 Greenwich Street Suite 6A

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

City New York State NY Zip Code 10013

Amount of Each Disbursement this Period

Purpose of Disbursement  
Ads

004
Category/ Type

1300.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

6532.00
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 75 / 115

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Community Media LIC  Mailing Address 487 Greenwich Street Suite 6A  City New York State NY Zip Code 10013  Purpose of Disbursement Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 21 / 2010	<b>Amount of Each Disbursement this Period</b> 350.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Con Edison Co.  Mailing Address P.O. Box 1702  City New York State NY Zip Code 10001  Purpose of Disbursement Utility Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29786 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 07 / 2010	<b>Amount of Each Disbursement this Period</b> 152.78
<b>C.</b>	Full Name (Last, First, Middle Initial) Content Critical LLC  Mailing Address 800 Central Blvd.  City Caristadt State NJ Zip Code 07272  Purpose of Disbursement Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29750 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 08 / 26 / 2010	<b>Amount of Each Disbursement this Period</b> 4055.60

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**4558.38**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Darrison Barrett & Association LLC <hr/> Mailing Address 120 Broadway <hr/> City New York State NY Zip Code 10271 <hr/> Purpose of Disbursement Financial Consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29779 Date of Disbursement 09 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 7531.90 <hr/> Category/Type 003
<b>B.</b>	Full Name (Last, First, Middle Initial) Deer Park Water <hr/> Mailing Address P.O Box 856192 <hr/> City Louisville State KY Zip Code 40285 <hr/> Purpose of Disbursement Water Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29751 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 55.61 <hr/> Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE <hr/> Mailing Address 430 SOUTH CAPITOL STREET <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement In-kind - fundraising services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29731 Date of Disbursement 09 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 58.58 <hr/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7646.09</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Discover Card  Mailing Address P.O. Box 15251  City Wilmington State DE Zip Code 19886  Purpose of Disbursement Network settlement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29854 Date of Disbursement 09 / 02 / 2010  Amount of Each Disbursement this Period 5.68  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) EAC- Education & Assistance Corp  Mailing Address 50 Clinton Street  City Hempstead State NY Zip Code 11550  Purpose of Disbursement Donation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30262 Date of Disbursement 09 / 08 / 2010  Amount of Each Disbursement this Period 500.00  012 Category/ Type
C.	Full Name (Last, First, Middle Initial) Emily's List  Mailing Address 1120 Connecticut Avenue NW  City Washington State DC Zip Code 20036  Purpose of Disbursement Service Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30312 Date of Disbursement 09 / 12 / 2010  Amount of Each Disbursement this Period 63.19  001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**568.87**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Emily's List

Transaction ID: SB17.30331  
Date of Disbursement

Mailing Address 1120 Connecticut Avenue NW

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

Purpose of Disbursement

Service Fee

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

6.77
------

B.

Full Name (Last, First, Middle Initial)  
Emily's List

Transaction ID: SB17.30297  
Date of Disbursement

Mailing Address 1120 Connecticut Avenue NW

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	0

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

Purpose of Disbursement

Service Charge

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

10.15
-------

C.

Full Name (Last, First, Middle Initial)  
John Estrada

Transaction ID: SB17.29803  
Date of Disbursement

Mailing Address 60 East 102nd St.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

City New York State NY Zip Code 10029

Amount of Each Disbursement this Period

Purpose of Disbursement  
Captain Election Day Operation

007
Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

695.00
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SUBTOTAL of Disbursements This Page (optional) ..... ►

711.92
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TOTAL This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) John Estrada  Mailing Address 60 East 102nd St.  City New York State NY Zip Code 10029  Purpose of Disbursement Election Day Operation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29804 Date of Disbursement 09 / 08 / 2010  Amount of Each Disbursement this Period 500.00  Category/Type
B.	Full Name (Last, First, Middle Initial) Extravangant Events Catering  Mailing Address 3408 Halifax Court  City Pasedena State MD Zip Code 21122  Purpose of Disbursement Catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29673 Date of Disbursement 09 / 17 / 2010  Amount of Each Disbursement this Period 987.50  003 Category/Type
C.	Full Name (Last, First, Middle Initial) Extravangant Events Catering  Mailing Address 3408 Halifax Court  City Pasedena State MD Zip Code 21122  Purpose of Disbursement Catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.30265 Date of Disbursement 09 / 18 / 2010  Amount of Each Disbursement this Period 687.50  003 Category/Type

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

2175.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Feinberg <hr/> Mailing Address 15-01 Broadway <hr/> City Fairlawn State NJ Zip Code 07410 <hr/> Purpose of Disbursement Accountant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29671 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 600.00 <hr/> Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Anne Fenton <hr/> Mailing Address 394 Court Street <hr/> City New York State NJ Zip Code 11231 <hr/> Purpose of Disbursement Media Consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29755 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 7000.00 <hr/> Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) Carmen Flores <hr/> Mailing Address 114 East 3rd Street <hr/> City New York State NY Zip Code 10009-7648 <hr/> Purpose of Disbursement Election Day Captain Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29757 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Category/Type 007

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**7850.00**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Carmen Flores  Mailing Address 114 East 3rd Street  City New York State NY Zip Code 10009-7648  Purpose of Disbursement Election Day Worker Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29723 <b>Date of Disbursement</b> 09 / 14 / 2010  Amount of Each Disbursement this Period 150.00  Category/Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) Carmen Flores  Mailing Address 114 East 3rd Street  City New York State NY Zip Code 10009-7648  Purpose of Disbursement Election Day Worker Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29836 <b>Date of Disbursement</b> 09 / 20 / 2010  Amount of Each Disbursement this Period 190.00  Category/Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) Sarah Gitlin  Mailing Address 27 East 93rd Street  City New York State NY Zip Code 10128  Purpose of Disbursement Campaign Helper Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29754 <b>Date of Disbursement</b> 08 / 31 / 2010  Amount of Each Disbursement this Period 500.00  Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>840.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Sarah Gitlin  Mailing Address 27 East 93rd Street  City New York State NY Zip Code 10128  Purpose of Disbursement Campaign travel expenses-June-Sept Candidate Name <span style="border: 1px solid black; padding: 2px;">002</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29787 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">849.38</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	7		2	0	1	0													
<b>B.</b>	Full Name (Last, First, Middle Initial) Global Strategy Service  Mailing Address 895 Broadway  City New York State NY Zip Code 10003  Purpose of Disbursement Text Messaging Candidate Name <span style="border: 1px solid black; padding: 2px;">002</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29688 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	7		2	0	1	0													
<b>C.</b>	Full Name (Last, First, Middle Initial) Grand Hyatt New York  Mailing Address Park Avenue @ 42nd Street  City New York State NY Zip Code 10017  Purpose of Disbursement Victory Party- Room & Catering Costs Candidate Name <span style="border: 1px solid black; padding: 2px;">007</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29844 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">16936.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	3		2	0	1	0													

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">19285.38</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Hashep <hr/> Mailing Address 4215 Meadowview Ln <hr/> City Sachse State TX Zip Code 75048 <hr/> Purpose of Disbursement GOVT Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29892 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Phillips Steven Horst <hr/> Mailing Address 289 E Hasmen St. <hr/> City Brooklyn State NY Zip Code 11234 <hr/> Purpose of Disbursement Intern Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Houston Houston M. <hr/> Mailing Address 220 Congress #4B <hr/> City Brooklyn State NY Zip Code 11201 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29812 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 244.00
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2244.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Jewish Press

Mailing Address 338 Third Avenue

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement  
Ads

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.29773  
Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

616.00

B.

Full Name (Last, First, Middle Initial)  
Jewish Sentinel

Mailing Address 307 West 37th Street

City New York State NY Zip Code 10018

Purpose of Disbursement  
Ads

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.29782  
Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

1680.00

C.

Full Name (Last, First, Middle Initial)  
Jim Owles Liberal Democratic Club

Mailing Address 426 West 23rd Street

City New York State NY Zip Code 10011

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.29681  
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

250.00

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

2546.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Judy's Plant World</p> <p>Mailing Address 1410 Lexington Avenue</p> <p>City New York State NY Zip Code 10028</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.29841</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 865.00</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elena T Kissel</p> <p>Mailing Address 106 East 85th St.</p> <p>City New York State NY Zip Code 10028</p> <p>Purpose of Disbursement In-kind - Host</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.29614</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1900.00</p> <p>Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elena T Kissel</p> <p>Mailing Address 106 East 85th St.</p> <p>City New York State NY Zip Code 10028</p> <p>Purpose of Disbursement In-kind - host catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.29616</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 316.51</p> <p>Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3081.51

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Donna Kobierecki

Transaction ID: SB17.29866  
Date of Disbursement

Mailing Address 197 East 7th St

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

City State Zip Code  
New York NY 10009

Amount of Each Disbursement this Period

Purpose of Disbursement  
Party Fee

003
Category/ Type

200.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Lake Research Partners

Transaction ID: SB17.29765  
Date of Disbursement

Mailing Address 1726 M Street NW Suite 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City State Zip Code  
Washigton DC 20036

Amount of Each Disbursement this Period

Purpose of Disbursement  
Poll-Research

005
Category/ Type

13947.50
----------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Lake Research Partners

Transaction ID: SB17.29819  
Date of Disbursement

Mailing Address 1726 M Street NW Suite 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

City State Zip Code  
Washigton DC 20036

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Expenses

002
Category/ Type

775.61
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

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

14923.11

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Lake Research Partners <hr/> Mailing Address 1726 M Street NW Suite 1100 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Travel Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29685 Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 1264.30 <hr/> Category/Type 005
<b>B.</b>	Full Name (Last, First, Middle Initial) Alex Leopold <hr/> Mailing Address 245 East 58th Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement F/R Consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29752 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/Type 003
<b>C.</b>	Full Name (Last, First, Middle Initial) Lexis Nexis <hr/> Mailing Address P.O. Box 7247-7090 <hr/> City Philadelphia State PA Zip Code 19170-7090 <hr/> Purpose of Disbursement Research Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29695 Date of Disbursement 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 163.31 <hr/> Category/Type 006

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2427.61

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Liberty Concepts Mailing Address 119 Braintree Street City Allston State MD Zip Code 02134 Purpose of Disbursement Website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29667 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 006
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Malt Chayan Photography Mailing Address 6335 N. Washington Blvd City Arlington State VA Zip Code 22205 Purpose of Disbursement Photography Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29742 Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2010
	Amount of Each Disbursement this Period 300.00
	Category/ Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Guma Communications Inc. Mailing Address 211 West 107th Street City New York State NY Zip Code 10025 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29744 Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
	Amount of Each Disbursement this Period 78945.00
	Category/ Type 006
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	80745.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mark Guma Communications Inc.

Transaction ID: SB17.29850  
Date of Disbursement

Mailing Address 211 West 107th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City State Zip Code  
New York NY 10025

Amount of Each Disbursement this Period

390000.00
-----------

Purpose of Disbursement  
TV- Media Costs

007
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mark Guma Communications Inc.

Transaction ID: SB17.29790  
Date of Disbursement

Mailing Address 211 West 107th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

City State Zip Code  
New York NY 10025

Amount of Each Disbursement this Period

134895.00
-----------

Purpose of Disbursement  
Direct Mail

006
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mark Guma Communications Inc.

Transaction ID: SB17.29699  
Date of Disbursement

Mailing Address 211 West 107th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

City State Zip Code  
New York NY 10025

Amount of Each Disbursement this Period

249963.00
-----------

Purpose of Disbursement  
Direct Mial

007
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

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

**774858.00**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Melissa Mendez Mailing Address 25-38 100th Street City East Elmhurst State NY Zip Code 11369 Purpose of Disbursement Campaign Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29772 Date of Disbursement 08 / 31 / 2010 Amount of Each Disbursement this Period 402.80 002 Category/ Type
B.	Full Name (Last, First, Middle Initial) Melissa Mendez Mailing Address 25-38 100th Street City East Elmhurst State NY Zip Code 11369 Purpose of Disbursement Metro Cards Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29867 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 900.00 002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Melissa Mendez Mailing Address 25-38 100th Street City East Elmhurst State NY Zip Code 11369 Purpose of Disbursement Reimbursement- Travel , Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29676 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 857.49 002 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2160.29

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Metro Monitor <hr/> Mailing Address 612 37th Street <hr/> City Birmingham State AL Zip Code 35222 <hr/> Purpose of Disbursement TV-News Monitoring Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29740 Date of Disbursement 08 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 115.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Metro Monitor <hr/> Mailing Address 612 37th Street <hr/> City Birmingham State AL Zip Code 35222 <hr/> Purpose of Disbursement TV Newss Monitoring Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29832 Date of Disbursement 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 195.00 <hr/> Category/Type 002
C.	Full Name (Last, First, Middle Initial) Gregory Michelakis <hr/> Mailing Address 65-27 171 St. <hr/> City East Meadows State NY Zip Code 11365 <hr/> Purpose of Disbursement Queens Campaign Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29891 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 666.66 <hr/> Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

976.66

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronnie Minor <hr/> Mailing Address 104 Astoria Blvd. <hr/> City New York State NY Zip Code 11370 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29762 <b>Date of Disbursement</b> 08 / 31 / 2010 <hr/> <b>Amount of Each Disbursement this Period</b> 250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Ronnie Minor <hr/> Mailing Address 104 Astoria Blvd. <hr/> City New York State NY Zip Code 11370 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29726 <b>Date of Disbursement</b> 09 / 14 / 2010 <hr/> <b>Amount of Each Disbursement this Period</b> 250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Victor Montesinos <hr/> Mailing Address 50-32 31st Street <hr/> City Flushing State NY Zip Code 11377 <hr/> Purpose of Disbursement Queens Consultant <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29839 <b>Date of Disbursement</b> 09 / 16 / 2010 <hr/> <b>Amount of Each Disbursement this Period</b> 1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Naltchayan Photography  Mailing Address 6335 N. Washington Blvd.  City Arlington State VA Zip Code 22205  Purpose of Disbursement Photographer Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29897 Date of Disbursement 08 / 26 / 2010  Amount of Each Disbursement this Period 300.00  Category/Type 003
<b>B.</b>	Full Name (Last, First, Middle Initial) National Greek TV  Mailing Address 30-97 Steinway Street  City Astoria State NY Zip Code 11103  Purpose of Disbursement Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29805 Date of Disbursement 09 / 09 / 2010  Amount of Each Disbursement this Period 2000.00  Category/Type 004
<b>C.</b>	Full Name (Last, First, Middle Initial) NGP Software Inc.  Mailing Address 5039 Connecticut Ave. NW  City Washigton State DC Zip Code 20008-2056  Purpose of Disbursement Boradcast-E-mails Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.29788 Date of Disbursement 09 / 07 / 2010  Amount of Each Disbursement this Period 650.00  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Nina Nievens Mailing Address 26 East 93rd Street City New York State NY Zip Code 10128 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29794 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 6236.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Kasey Orban Mailing Address 1670 Whitehorse City Hamilton Square Rd State NJ Zip Code 08690 Purpose of Disbursement GOTV - Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29899 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Paychex Payroll Mailing Address 135 Chestnut Ridge Road City New Jersey State NJ Zip Code 07645 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29848 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 24220.29

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**31956.29**

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Alexandria Agins  Mailing Address 32-42 160th St.  City Flushing State NY Zip Code 11358  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29848.0 Date of Disbursement 08 / 30 / 2010  Amount of Each Disbursement this Period 3047.94  <b>[MEMO ITEM]</b>	
<b>B.</b>	Full Name (Last, First, Middle Initial) E.R. Allegro  Mailing Address 750 Columbus Avenue  City New York State NY Zip Code 10025  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29848.1 Date of Disbursement 08 / 30 / 2010  Amount of Each Disbursement this Period 1791.28  <b>[MEMO ITEM]</b>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Lori Amor  Mailing Address 21-38 45th Street  City New York State NY Zip Code 11105  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29848.2 Date of Disbursement 08 / 30 / 2010  Amount of Each Disbursement this Period 1664.46  <b>[MEMO ITEM]</b>	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Alex Anfang	Transaction ID: SB17.29848.3 Date of Disbursement 08 / 30 / 2010
	Mailing Address 145 fourth Avenue	Amount of Each Disbursement this Period 3047.94
	City New York State NY Zip Code 10003	
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) James Ansorte	Transaction ID: SB17.29848.4 Date of Disbursement 08 / 30 / 2010
	Mailing Address 112 East 83rd Street	Amount of Each Disbursement this Period 2877.94
	City New York State NY Zip Code 10028	
	Purpose of Disbursement Payroll-Fiance Director Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Garner Shelby	Transaction ID: SB17.29848.5 Date of Disbursement 08 / 30 / 2010
	Mailing Address 1510 Albermarle Road	Amount of Each Disbursement this Period 1718.09
	City Brooklyn State NY Zip Code 11226	
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Melissa Mendez

Mailing Address 25-38 100th Street

City East Elmhurst State NY Zip Code 11369

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29848.6  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

3041.44

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Matt Tepper

Mailing Address 27 East 13th Street #5P

City New York State NM Zip Code 10003

Purpose of Disbursement  
Payroll-Manager

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29848.7  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

5164.88

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Benjamin Tyson

Mailing Address 803 Ithaca Drive

City Boulder State CO Zip Code 80305

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29848.8  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

1866.32

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Paychex Payroll

Transaction ID: SB17.29858  
Date of Disbursement

Mailing Address 135 Chestnut Ridge Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

City State Zip Code  
New Jersey NJ 07645

Amount of Each Disbursement this Period

24220.29
----------

Purpose of Disbursement  
Payroll

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Melissa Mendez

Transaction ID: SB17.29858.0  
Date of Disbursement

Mailing Address 25-38 100th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City State Zip Code  
East Elmhurst NY 11369

Amount of Each Disbursement this Period

3041.44
---------

Purpose of Disbursement  
Payroll

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Matt Tepper

Transaction ID: SB17.29858.1  
Date of Disbursement

Mailing Address 27 East 13th Street #5P

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City State Zip Code  
New York NM 10003

Amount of Each Disbursement this Period

5164.88
---------

Purpose of Disbursement  
Payroll- Manger

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

[MEMO ITEM]

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

24220.29
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Benjamin Tyson

Mailing Address 803 Ithaca Drive

City Boulder State CO Zip Code 80305

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29858.2  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1866.32

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Alexandria Agins

Mailing Address 32-42 160th St.

City Flushing State NY Zip Code 11358

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29858.3  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

3047.94

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
E.R. Allegro

Mailing Address 750 Columbus Avenue

City New York State NY Zip Code 10025

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29858.4  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1791.28

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 115

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Lori Amor <hr/> Mailing Address 21-38 45th Street <hr/> City New York State NY Zip Code 11105 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29858.5 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1664.48</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0	1664.48
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	1	0														
1664.48																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Alex Anfang <hr/> Mailing Address 145 fourth Avenue <hr/> City New York State NY Zip Code 10003 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29858.6 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3047.94</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0	3047.94
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	1	0														
3047.94																							
<b>C.</b>	Full Name (Last, First, Middle Initial) James Ansgore <hr/> Mailing Address 112 East 83rd Street <hr/> City New York State NY Zip Code 10028 <hr/> Purpose of Disbursement Payroll- Financial Director Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29858.7 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2877.94</td> </tr> </table> <hr/> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0	2877.94
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	1	0														
2877.94																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Garner Shelby

Mailing Address 1510 Albermarle Road

City Brooklyn State NY Zip Code 11226

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29858.8  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1718.09

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Paychex TPS Taxes

Mailing Address 135 Chestnut Ridge Road

City New Jersey State NJ Zip Code 07645

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29849  
Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

13154.44

C.

Full Name (Last, First, Middle Initial)  
Paychex TPS Taxes

Mailing Address 135 Chestnut Ridge Road

City New Jersey State NJ Zip Code 07645

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.29859  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

13874.95

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

27029.39

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Brice Peyre  Mailing Address 30 east 96th Street  City New York State NY Zip Code 10028  Purpose of Disbursement Media Consultant Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29777 Date of Disbursement 08 / 31 / 2010  Amount of Each Disbursement this Period 1000.00  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Brice Peyre  Mailing Address 30 east 96th Street  City New York State NY Zip Code 10028  Purpose of Disbursement Travel Cost Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29675 Date of Disbursement 09 / 10 / 2010  Amount of Each Disbursement this Period 135.00  Category/Type 002
<b>C.</b>	Full Name (Last, First, Middle Initial) Brice Peyre  Mailing Address 30 east 96th Street  City New York State NY Zip Code 10028  Purpose of Disbursement Consultant Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29672 Date of Disbursement 09 / 17 / 2010  Amount of Each Disbursement this Period 1000.00  Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2135.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 103 / 115

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Alex Pohs  Mailing Address 25-38 100th street  City new york State NY Zip Code 11369  Purpose of Disbursement Fundraiser Aid Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29763 Date of Disbursement 08 / 31 / 2010  Amount of Each Disbursement this Period 500.00  Category/Type 007
B.	Full Name (Last, First, Middle Initial) Prime New York 2002  Mailing Address 233 Broadway Suite 3612  City New York State NY Zip Code 10279-3601  Purpose of Disbursement Lists Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29687 Date of Disbursement 09 / 27 / 2010  Amount of Each Disbursement this Period 381.06  Category/Type 006
C.	Full Name (Last, First, Middle Initial) Queensbridge Outreach Inc.  Mailing Address 41-07 12Street  City Long Island State NY Zip Code 11101  Purpose of Disbursement Family Day Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29811 Date of Disbursement 09 / 27 / 2010  Amount of Each Disbursement this Period 200.00  Category/Type 012

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

1081.06

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 115

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Queens Chronicle  Mailing Address 62-33 Woodhaven Blvd.  City Rego Park State NY Zip Code 11374 Purpose of Disbursement Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29741 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 115.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Queens Chronicle  Mailing Address 62-33 Woodhaven Blvd.  City Rego Park State NY Zip Code 11374 Purpose of Disbursement Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 115.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Queens Chronicle  Mailing Address 62-33 Woodhaven Blvd.  City Rego Park State NY Zip Code 11374 Purpose of Disbursement Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 1160.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1390.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 105 / 115

<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)  
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Queens Gazette  Mailing Address 42-16 34th Avenue  City Long Island City State NY Zip Code 11101 Purpose of Disbursement Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30264 Date of Disbursement 09 / 09 / 2010  Amount of Each Disbursement this Period 155.00
B.	Full Name (Last, First, Middle Initial) Queens Tribune  Mailing Address 174-15 Horace Expressway  City Fresh Meadows State NY Zip Code 11365 Purpose of Disbursement Ads Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29831 Date of Disbursement 09 / 14 / 2010  Amount of Each Disbursement this Period 650.00
C.	Full Name (Last, First, Middle Initial) Red Horse Strategies  Mailing Address 55 Washington Steert  City Brooklyn State NY Zip Code 11201 Purpose of Disbursement Phone Bank-GOTV Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29664 Date of Disbursement 09 / 14 / 2010  Amount of Each Disbursement this Period 15000.00

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

15805.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 106 / 115

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Raul Reyes

Transaction ID: SB17.29800  
Date of Disbursement

Mailing Address 104 East 117th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

City State Zip Code  
New York NY 10035

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Election Day Captain East Harlem  
Candidate Name

007
-----

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Garner Shelby

Transaction ID: SB17.29766  
Date of Disbursement

Mailing Address 1510 Albermarle Road

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City State Zip Code  
Brooklyn NY 11226

Amount of Each Disbursement this Period

350.04
--------

Purpose of Disbursement  
Campaign Worker  
Candidate Name

001
-----

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Garner Shelby

Transaction ID: SB17.29690  
Date of Disbursement

Mailing Address 1510 Albermarle Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City State Zip Code  
Brooklyn NY 11226

Amount of Each Disbursement this Period

75.67
-------

Purpose of Disbursement  
Travel reimbursement  
Candidate Name

002
-----

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

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

925.71
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Anastasia D. Skelton <hr/> Mailing Address 4490 Merrick Road <hr/> City Masspegua State NY Zip Code 11758 Purpose of Disbursement Campaign Helper Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29753 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) Staples Co. <hr/> Mailing Address P.O. Box 182378 <hr/> City Columbus State OH Zip Code 43216 Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29781 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 3803.38 Category/Type: 001
<b>C.</b> Full Name (Last, First, Middle Initial) Staples Co. <hr/> Mailing Address P.O. Box 182378 <hr/> City Columbus State OH Zip Code 43216 Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29674 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2924.80 Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7228.18

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Suntrust Merchant Services  Mailing Address PO Box 6600  City Hagerstown State MD Zip Code 21740  Purpose of Disbursement Mercht Discout Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29855 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period  483.10
<b>B.</b>	Full Name (Last, First, Middle Initial) Suntrust Merchant Services  Mailing Address PO Box 6600  City Hagerstown State MD Zip Code 21740  Purpose of Disbursement Mercht Interchng Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29856 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period  69.21
<b>C.</b>	Full Name (Last, First, Middle Initial) Suntrust Merchant Services  Mailing Address PO Box 6600  City Hagerstown State MD Zip Code 21740  Purpose of Disbursement Mercht Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.29857 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period  20.45

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

572.76

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Taminent t Regular Democratic Club <hr/> Mailing Address 33-09 23rd Avenue <hr/> City Astoria State NY Zip Code 11101 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29692 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 480.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Matt Tepper <hr/> Mailing Address 27 East 13th Street #5P <hr/> City New York State NM Zip Code 10003 <hr/> Purpose of Disbursement Travel, Food, Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29677 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2825.11
<b>C.</b>	Full Name (Last, First, Middle Initial) The Eleanor Roosevelt Democratic Club <hr/> Mailing Address P.O. Box 1157 Murray Hill Sattion <hr/> City New York State NY Zip Code 10157 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29842 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8305.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) The Jewish Week  Mailing Address 1501 Broadway Suite 505  City New York State NY Zip Code 10036  Purpose of Disbursement Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29778 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period  395.00
<b>B.</b>	Full Name (Last, First, Middle Initial) The Spoken Hub LLC  Mailing Address 20 West 22nd St  City new York State NY Zip Code 10010  Purpose of Disbursement Robo Calls Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period  2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) The Spoken Hub LLC  Mailing Address 20 West 22nd St  City new York State NY Zip Code 10010  Purpose of Disbursement Robo Calls Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.29783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period  13000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

15395.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) The State Insurance Fund. Co.  Mailing Address 199 Church Street  City New York State NY Zip Code 10007  Purpose of Disbursement Workers-Comp Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29792 Date of Disbursement 09 / 07 / 2010  Amount of Each Disbursement this Period 107.56  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) The Wire  Mailing Address 531 Main Street  City Roosevelt Island State NY Zip Code 10044  Purpose of Disbursement Ads Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29824 Date of Disbursement 09 / 27 / 2010  Amount of Each Disbursement this Period 390.00  Category/Type 004
<b>C.</b>	Full Name (Last, First, Middle Initial) Time Warner Cable  Mailing Address P.O. Box 9227  City Uniondale State NY Zip Code 11555  Purpose of Disbursement Cable Modem Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29774 Date of Disbursement 08 / 31 / 2010  Amount of Each Disbursement this Period 186.48  Category/Type 002

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**684.04**

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Time Warner Cable

Transaction ID: SB17.29686  
Date of Disbursement

Mailing Address P.O. Box 9227

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City State Zip Code  
Uniondale NY 11555

Amount of Each Disbursement this Period

Purpose of Disbursement

Moden-Cable

001
Category/ Type

186.48
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Town & Village

Transaction ID: SB17.29698  
Date of Disbursement

Mailing Address 662 Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City State Zip Code  
New Rochelle NY 10801

Amount of Each Disbursement this Period

Purpose of Disbursement

Ad

005
Category/ Type

1000.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Andrew R. Tullouch

Transaction ID: SB17.29798  
Date of Disbursement

Mailing Address 1330 Avenue of the Americas  
21st Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

City State Zip Code  
New York NY 10019

Amount of Each Disbursement this Period

Purpose of Disbursement

Travel Expenses

002
Category/ Type

500.00
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

1686.48
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Benjamin Tyson

Transaction ID: SB17.29769  
Date of Disbursement

Mailing Address 803 Ithaca Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City Boulder State CO Zip Code 80305

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Expenses

002
Category/ Type

197.76
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Benjamin Tyson

Transaction ID: SB17.30359  
Date of Disbursement

Mailing Address 803 Ithaca Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

City Boulder State CO Zip Code 80305

Amount of Each Disbursement this Period

Purpose of Disbursement  
Transportation

002
Category/ Type

276.87
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Verizon Co.

Transaction ID: SB17.29775  
Date of Disbursement

Mailing Address P.O. Box 15124

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

City Albany State NY Zip Code 12212-5124

Amount of Each Disbursement this Period

Purpose of Disbursement  
Phone

001
Category/ Type

286.77
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

761.40
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
MALONEY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Co.</p> <p>Mailing Address P.O. Box 15124</p> <p>City Albany State NY Zip Code 12212-5124</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.29776</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 186.51</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Co.</p> <p>Mailing Address P.O. Box 15124</p> <p>City Albany State NY Zip Code 12212-5124</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.29785</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 113.90</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Yanover Consulting Inc.</p> <p>Mailing Address P.O. Box 1005</p> <p>City Knickerbocker State NY Zip Code 10032</p> <p>Purpose of Disbursement Ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.29784</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>003 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

600.41

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

1124650.30

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Transaction ID: SB21.29828  
Date of Disbursement

Mailing Address 430 SOUTH CAPITOL STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City State Zip Code  
WASHINGTON DC 20003

Amount of Each Disbursement this Period

113600.00
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Purpose of Disbursement  
Unlimited Transfer to National Party

011
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

113600.00
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TOTAL This Period (last page this line number only) ..... ►

113600.00
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