

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MALONEY FOR CONGRESS

ADDRESS (number and street) 49 EAST 92ND STREET
 Check if different than previously reported. (ACC)
NEW YORK NY 10128

2. **FEC IDENTIFICATION NUMBER** C00273169
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 14

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2005 through 06 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Clifton W. Maloney

Signature of Treasurer Electronically Filed by Clifton W. Maloney Date 10 16 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MALONEY FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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)).....	75128.08	208188.33
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75128.08	207488.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	84382.72	283686.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	84382.72	283686.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	538996.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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 02/2003)

Write or Type Committee Name
MALONEY FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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).....

24500.00

120953.55

(ii) Unitemized.....

75.00

1045.00

(iii) TOTAL of contributions

24575.00

121998.55

from individuals..... ▶

50464.47

50601.17

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

88.61

35588.61

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

75128.08

208188.33

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

761.00

1887.90

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

75889.08

210076.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	84382.72	283686.31
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	700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	700.00
21. OTHER DISBURSEMENTS.....	20000.00	30000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	104382.72	314386.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	567489.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	75889.08
25. SUBTOTAL (add Line 23 and Line 24).....	643378.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104382.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	538996.17

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number <input style="width: 100%;" type="text"/>
Name of Principal Campaign Committee MALONEY FOR CONGRESS		Committee ID Number C <input style="width: 90%;" type="text" value="C00273169"/>
Committee Address 49 EAST 92ND STREET		
City NEW YORK	State NY	ZIP 10128
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<input style="width: 100%;" type="text" value="73889.08"/>	<input style="width: 100%;" type="text" value="2000.00"/>
2. Aggregate amount of contributions from personal funds of the candidate	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>
3. Gross receipts minus the candidate's personal contributions	<input style="width: 100%;" type="text" value="73889.08"/>	<input style="width: 100%;" type="text" value="2000.00"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Dawn M. Aicardi		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 18 Round Table Road		Transaction ID: SA11A1.12978
City State Zip Code North Easton ME 02356	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Triumvirate Environmental	Occupation Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Matthew B. Braunstein		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 5451 22nd Street n.		Transaction ID: SA11A1.12999
City State Zip Code Arligton, VA 22205	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer BeamHit	Occupation V.P.	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Rita D. Cohen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 9305 Sprinklewood Lane		Transaction ID: SA11A1.12917
City State Zip Code Potomoc MD 20854	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Magazine Publishers Of America	Occupation Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
James Robert Cregan

Mailing Address 6715 N. 29th Street

City State Zip Code
Arlington VA 22213

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

Name of Employer Magazine Publishers of America
Occupation Executive V.P.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2005

Transaction ID: SA11A1.12919

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James E. Datri

Mailing Address 4100 Cathedral Avenue NW # 716

City State Zip Code
Washington DC 20016

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

Name of Employer Manatt, Phelps & Phillips
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11A1.12985

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Denise Hutchins

Mailing Address 2 O'keefe Street

City State Zip Code
Taunton ME 02780

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

Name of Employer Triumvirate Environmental
Occupation Administration V.P.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11A1.12989

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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) Claudia James		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005	
Mailing Address 3167 N. 19th Street		Transaction ID: SA11A1.12961	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Podesta.Com Occupation Lobbyist	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) Victor Keen		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2005	
Mailing Address 2027 Mt. Vernon Street		Transaction ID: SA11A1.13001	
City State Zip Code Philadelphia PA 19130	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Duane Morris LLP Occupation Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) Victor A. Kovner		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005	
Mailing Address 27 West 67th Street		Transaction ID: SA11A1.12930	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Davis Wright & Tremaine Occupation Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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 P. Kupper

Mailing Address 51 West Branch Road

City State Zip Code
Weston CT 06883

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

Name of Employer Businessweek Occupation
President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2005

Transaction ID: SA11A1.12932

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Nina B. Link

Mailing Address 222 West 83rd Street

City State Zip Code
New York NY 10024

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

Name of Employer Magazine Publisher Of America Occupation
President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2005

Transaction ID: SA11A1.12934

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin Lydon

Mailing Address 2001 Marina Drive Unit 101W

City State Zip Code
Quincy ME 02171

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

Name of Employer Retired Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11A1.12990

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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 J. McQuillan Jr.

Mailing Address 61 Inner Belt Road

City State Zip Code
Somerville ME 02143

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

Name of Employer Occupation
Triumvirate Enviromental President & CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11A1.12992

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gwen E. Mellor

Mailing Address 4104 36th St. South

City State Zip Code
Arlington VT 22206-1806

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

Name of Employer Occupation
Podesta Mattoon Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2005

Transaction ID: SA11A1.13025

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael A. Merola

Mailing Address 2507 Chilham Place

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Winning Strategies Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11A1.12993

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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) Margaret T. Minson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 315 East 86th Street		Transaction ID: SA11A1.12996
City State Zip Code New York NY 10029-4741	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed Occupation Consultant	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Timothy Mooney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 86 Eliab Latham Way		Transaction ID: SA11A1.12998
City State Zip Code East Bridgewater ME 02333	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Triumvirate Environmental Occupation Vice President	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Ann S. Moore		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 170 Columbia Heights		Transaction ID: SA11A1.12936
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Time Inc. Occupation Chair/CEO	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hassan Nemazee		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 720 Park Avenue		Transaction ID: SA11A1.13003
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Nemazee Capital	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Hassan Nemazee		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 720 Park Avenue		Transaction ID: SA11A1.13005
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Nemazee Capital	Occupation CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Ellen W. Oppenheim		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 156 East 79th Street		Transaction ID: SA11A1.12939
City State Zip Code New York NY 10021-0435	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Magazine Publishers of Americ	Occupation Chief, Marketing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Roderick Oxford L.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5	
Mailing Address 2810 E. Elm Circle		Transaction ID: SA11A1.13044	
City Katy	State TX	Zip Code 77493	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Equity Securities Partner, LLC	Occupation Executive	Election Cycle-to-Date 2005	
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 2000.00		

Full Name (Last, First, Middle Initial) B. Lawrence J. Romans		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5	
Mailing Address 5422 Seminary Road		Transaction ID: SA11A1.12949	
City Alexandria	State VA	Zip Code 22311	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Consultant	Election Cycle-to-Date 2006	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 500.00		

Full Name (Last, First, Middle Initial) C. Adam Smiyth P.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5	
Mailing Address 1 Aquavia Road		Transaction ID: SA11A1.12975	
City Medford	State ME	Zip Code 02155	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Triumvirate Environmental	Occupation C.P.A.	Election Cycle-to-Date 2006	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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) Maurice Tempelman Mailing Address 529 Fifth Avenue City New York State NY Zip Code 10017 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5 Transaction ID: SA11A1.13007 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Leon Tempelman & Son Occupation Business Executive Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial) Douglas W. Youngen Mailing Address 80 Rockland Pl. City Newton State ME Zip Code 02464 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5 Transaction ID: SA11A1.12977 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Triumvirats Environmental Occupation CEO Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00

C. Full Name (Last, First, Middle Initial) John H. Zentay Mailing Address 1200 Nineteen Street NW City Washington State DC Zip Code 20038-2418 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5 Transaction ID: SA11A1.12947 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Piper Rudnick Gray Cary US LLP Occupation Consultant Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	24500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. AMERICA'S COMMUNITY BANKERS COMMUNITY CAMPAIGN COMMITTEE (FKA) SAVINGS & COMMUNITY BANKERS		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2005
Mailing Address 900 19TH STREET NW SUITE 400		Transaction ID: SA11B.12958
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C C00001875	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 788.61	

Full Name (Last, First, Middle Initial) B. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2005
Mailing Address 101 NORTH THIRD STREET		Transaction ID: SA11B.12979
City MOORHEAD State MN Zip Code 56560	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00110338	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2005
Mailing Address 801 PENNSYLVANIA AVE NW SUITE 650		Transaction ID: SA11B.12959
City WASHINGTON State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040535	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial)
A. AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO (D.C.)

Mailing Address **1625 L STREET, N.W.**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C70000120**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11B.13008

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. AMERICAN POSTAL WORKERS UNION AFL-CIO

Mailing Address **1300 L ST N W**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C70003322**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2005

Transaction ID: SA11B.13034

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address **1050 31st Street N.W.**

City **Washington** State **DC** Zip Code **20007**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11B.12981

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2005
Mailing Address 1050 31st Street N.W.		Transaction ID: SA11B.12957
City Washington State DC Zip Code 20007	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00024521	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2500.00	

Full Name (Last, First, Middle Initial) B. AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2005
Mailing Address 295 NORTH MAPLE AVENUE		Transaction ID: SA11B.12982
City BASKING RIDGE State NJ Zip Code 07920	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00185124	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA CORPORATION FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2005
Mailing Address 100 NORTH TRYON STREET		Transaction ID: SA11B.12956
City CHARLOTTE State NC Zip Code 28255	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00364778	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 60
(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)
CAPITAL ONE FINANCIAL CORP ASOC POL FUND FKA CAPITAL ONE ASSOC POLITICAL FUND

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 5

Transaction ID: SA11B.13036

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CITIZENS FINANCIAL GROUP INC. POLITICAL COMMITTEE

Mailing Address c/o Donna L. Brady Treasurer
One Citizens Plaza 12th Floor

City State Zip Code
Providence RI 02903

FEC ID number of contributing federal political committee. **C** C00307249

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11B.12954

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CREDIT SUISSE FIRST BOSTON CORPORATION GOV'T ACTION FUND

Mailing Address 1155 21ST STREET NW SUITE 300

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11B.12943

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2005
Mailing Address 805 15TH STREET NW SUITE 300		Transaction ID: SA11B.13032
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00007880	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2005
Mailing Address 430 SOUTH CAPITOL STREET		Transaction ID: SA11B.12921
City WASHINGTON State DC Zip Code 20003	Amount of Each Receipt this Period 5.96	
FEC ID number of contributing federal political committee. C C00000935	<input type="checkbox"/> In-kind - fundraising services <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 17.68	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2005
Mailing Address 430 SOUTH CAPITOL STREET		Transaction ID: SA11B.12923
City WASHINGTON State DC Zip Code 20003	Amount of Each Receipt this Period 8.51	
FEC ID number of contributing federal political committee. C C00000935	<input type="checkbox"/> In-kind - fundraising services <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 26.19	

SUBTOTAL of Receipts This Page (optional)	2014.47
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 60
	<input type="checkbox"/> 11a <input checked="" 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. DIRECT SELLING ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address **1275 PENNSYLVANIA AVE NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00078535**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11B.13013

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECPAC)

Full Name (Last, First, Middle Initial)
Mailing Address **3 BETHESDA METRO CENTER SUITE 1100**

City **BETHESDA** State **MD** Zip Code **20814**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 12 / 2005

Transaction ID: SA11B.13006

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. ESOP ASSOCIATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address **1726 M STREET, NW SUITE 501**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00196089**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2005

Transaction ID: SA11B.12964

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. FEDERAL HOME LOAN MORTGAGE CORPORATION POLITICAL ACTION COMMITTEE AKA FRED		Date of Receipt																				
Mailing Address 8200 JONES BRANCH DRIVE		<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>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	8		2	0	0	5													
City MCLEAN State VA Zip Code 22102		Transaction ID: SA11B.12926																				
FEC ID number of contributing federal political committee. C C00404129		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) B. FINANCIAL SERVICE CENTERS OF AMERICA INC.		Date of Receipt																				
Mailing Address Court Plaza No. 25 Main St PO Box 647		<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>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	2		2	0	0	5													
City Hackensack State NJ Zip Code 07602		Transaction ID: SA11B.12987																				
FEC ID number of contributing federal political committee. C C00232843		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) C. HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE		Date of Receipt																				
Mailing Address 919 18TH NW STE 800		<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>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	2		2	0	0	5													
City WASHINGTON State DC Zip Code 20005		Transaction ID: SA11B.12988																				
FEC ID number of contributing federal political committee. C C00235853		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005
Mailing Address 919 18TH NW STE 800		Transaction ID: SA11B.12953
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00235853	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAQ)		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005
Mailing Address 412 First Street SE Suite 300		Transaction ID: SA11B.12928
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00022343	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005
Mailing Address 1750 NEW YORK NW		Transaction ID: SA11B.12960
City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C70003108	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 15 POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 265 WEST 14TH STREET		Transaction ID: SA11B.13035
City NEW YORK State NY Zip Code 10011	FEC ID number of contributing federal political committee. C C00163956	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 1401 H STREET NW SUITE 1200		Transaction ID: SA11B.12945
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00105981	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. J.P. MORGAN CHASE & CO. STATE AND FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 230 Park Avenue 21st Floor		Transaction ID: SA11B.13000
City New York State NY Zip Code 10169	FEC ID number of contributing federal political committee. C C00003830	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 60
	<input type="checkbox"/> 11a <input checked="" 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)
L-3 COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 600 Third Avenue

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2005

Transaction ID: SA11B.13009

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA

Mailing Address 905 16TH STREET, N.W.

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2005

Transaction ID: SA11B.12946

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
LEAGUE OF CONSERVATION VOTERS

Mailing Address 1920 L STREET N W SUITE 800

City State Zip Code
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C** C30000103

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2005

Transaction ID: SA11B.13027

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. MAGAZINE PUBLISHERS OF AMERICA PAC FKA MAGAZINE PUBLISHES ASSOCIATION PAC
 Mailing Address 1211 CONNECTICUT AVENUE NW STE 610
 City State Zip Code
 WASHINGTON DC 20036
 FEC ID number of contributing federal political committee. **C** C00035774
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 8 / 2 0 0 5
Transaction ID: SA11B.12942
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. 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: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 5
Transaction ID: SA11B.12966
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A
 Mailing Address One Madison Avenue
 City State Zip Code
 New York NY 10010
 FEC ID number of contributing federal political committee. **C** C00040923
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 5
Transaction ID: SA11B.12995
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2005
Mailing Address One Madison Avenue		Transaction ID: SA11B.13031
City New York State NY Zip Code 10010	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040923	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. MORTGAGE BANKERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2005
Mailing Address 1919 PENNSYLVANIA AVENUE NW		Transaction ID: SA11B.12952
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00004812	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2005
Mailing Address 8 HERBERT STREET		Transaction ID: SA11B.12944
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00100404	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2005
Mailing Address 8 HERBERT STREET		Transaction ID: SA11B.13033
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00100404	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE (NAFCU)		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2005
Mailing Address 3138 N 10TH ST		Transaction ID: SA11B.13040
City ARLINGTON State VA Zip Code 22201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040659	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE (NAFCU)		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2005
Mailing Address 3138 N 10TH ST		Transaction ID: SA11B.13030
City ARLINGTON State VA Zip Code 22201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040659	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 60
	<input type="checkbox"/> 11a <input checked="" 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

Full Name (Last, First, Middle Initial) A. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE		Date of Receipt																				
Mailing Address 2901 TELESTAR COURT		<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>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	9		2	0	0	5													
City State Zip Code FALLS CHURCH VA 22042		Transaction ID: SA11B.13029																				
FEC ID number of contributing federal political committee. C C00005249		Amount of Each Receipt this Period 500.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00																					

Full Name (Last, First, Middle Initial) B. NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE - PAC		Date of Receipt																				
Mailing Address 10 G STREET NE, SUITE #600 SUITE 600		<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>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	8		2	0	0	5													
City State Zip Code WASHINGTON DC 20002		Transaction ID: SA11B.12951																				
FEC ID number of contributing federal political committee. C C00172296		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) C. NATIONAL LEAGUE OF POSTMASTERS OF THE US POLITICAL ACTION COMMITTEE		Date of Receipt																				
Mailing Address 1023 N ROYAL ST		<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>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	2		2	0	0	5													
City State Zip Code ALEXANDRIA VA 22314		Transaction ID: SA11B.13011																				
FEC ID number of contributing federal political committee. C C00164152		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 60
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
NEW CENTURY FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **18400 VON KARMAN SUITE 1000**

City **IRVINE** State **CA** Zip Code **92612**

FEC ID number of contributing federal political committee. **C C00369983**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

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

Transaction ID: SA11B.12970

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address **1295 State Street**

City **Springfield** State **MA** Zip Code **01111**

FEC ID number of contributing federal political committee. **C C00367920**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

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

Transaction ID: SA11B.12973

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PIPER RUDNICK LLP POLITICAL ACTION COMMITTEE

Mailing Address **901 15th Street N.W. Suite 700**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00151340**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	5

Transaction ID: SA11B.12950

Amount of Each Receipt this Period

750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 60
	<input type="checkbox"/> 11a <input checked="" 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)
REED ELSEVIER INC POLITICAL ACTION COMMITTEE (REED ELSEVIER INC PAC)

Mailing Address 1150 18TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00345793

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 5

Transaction ID: SA11B.12974

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
TITLE INDUSTRY POLITICAL ACTION COMMITTEE

Mailing Address 1828 L STREET NW SUITE 705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11B.12963

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 80 WEST END AVENUE

City NEW YORK State NY Zip Code 10023

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11B.12965

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 60
	<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Treasury Employess PAC

Mailing Address 901 E Street N.W. Suite 600

City State Zip Code
Washigton DC 20004

FEC ID number of contributing federal political committee. **C C00107128**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 12 2005

Transaction ID: SA11B.12969

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 12 2005

Transaction ID: SA11B.12976

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
WASHINGTON MUTUAL POLITICAL ACTION COMMITTEE (WMPAC)

Mailing Address 1201 THIRD AVE WMT 1706

City State Zip Code
SEATTLE WA 98101

FEC ID number of contributing federal political committee. **C C00129833**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 08 2005

Transaction ID: SA11B.12941

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	50464.47

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 60
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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

Full Name (Last, First, Middle Initial)
A. AMERICA'S COMMUNITY BANKERS COMMUNITY CAMPAIGN COMMITTEE (FKA) SAVINGS & COMMUNITY BANKERS

Mailing Address 900 19TH STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00001875

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2005

Transaction ID: SA11C.12841

Amount of Each Receipt this Period
88.61

In-kind - Fax and e-mail expenses
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	88.61
TOTAL This Period (last page this line number only)	▶	88.61

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 60	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) Chase Bank	
Mailing Address P.O. Box 15836	
City Willmington	State Zip Code DE 19886-5836
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 761.00

Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2005
Transaction ID: SA15.13017
Amount of Each Receipt this Period 761.00
Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	761.00
TOTAL This Period (last page this line number only)	761.00

**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

Full Name (Last, First, Middle Initial) A. ADP Tx/Fincl Svc.		Transaction ID: SB17.12908 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 5800 Winward Pkwy		Amount of Each Disbursement this Period 246.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alpharetta State GA Zip Code 30005	Purpose of Disbursement Taxes Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP Tx/Fincl Svc.		Transaction ID: SB17.12914 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 5800 Winward Pkwy		Amount of Each Disbursement this Period 246.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alpharetta State GA Zip Code 30005	Purpose of Disbursement Taxes Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. E.R. Allegro		Transaction ID: SB17.12878 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 750 Columbus Avenue		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10025	Purpose of Disbursement Bookkeeping Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	993.16
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 35 / 60

<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

Full Name (Last, First, Middle Initial) A. American Express Co.		Transaction ID: SB17.12810 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 5
Mailing Address P.O.Box 2855		Amount of Each Disbursement this Period 4385.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Catering costs and room rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) B. American Express Co.		Transaction ID: SB17.12900 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 5
Mailing Address P.O.Box 2855		Amount of Each Disbursement this Period 617.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Campaign Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. BEAN, MELISSA LUBURICH		Transaction ID: SB17.15352 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address 203 FRANCES LANE		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BARRINGTON State IL Zip Code 60010	Purpose of Disbursement Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	7002.71
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

Full Name (Last, First, Middle Initial) A. Chase Bank		Transaction ID: SB17.12910
Mailing Address P.O. Box 15836		Date of Disbursement 05 / 04 / 2005
City Willmington	State DE	Zip Code 19886-5836
Purpose of Disbursement Merchant Fee	Amount of Each Disbursement this Period 62.95	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Bank		Transaction ID: SB17.12911
Mailing Address P.O. Box 15836		Date of Disbursement 05 / 10 / 2005
City Willmington	State DE	Zip Code 19886-5836
Purpose of Disbursement Bank Check Fees	Amount of Each Disbursement this Period 53.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Chase Bank		Transaction ID: SB17.12915
Mailing Address P.O. Box 15836		Date of Disbursement 06 / 08 / 2005
City Willmington	State DE	Zip Code 19886-5836
Purpose of Disbursement Merchant Banked Fee	Amount of Each Disbursement this Period 62.95	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	178.90
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

Full Name (Last, First, Middle Initial) A. Citibank Platinun Card		Transaction ID: SB17.12814 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 8113		Amount of Each Disbursement this Period 52.25
City S.Hackensack State NJ Zip Code 07606-8113	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering costs Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Community Media LIC		Transaction ID: SB17.13019 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 5
Mailing Address 487 Greenwich Street Suite 6A		Amount of Each Disbursement this Period 210.00
City New York State NY Zip Code 10013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Con Edison Co.		Transaction ID: SB17.12859 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 1702		Amount of Each Disbursement this Period 66.02
City New Yrok State NY Zip Code 10001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	328.27
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

Full Name (Last, First, Middle Initial) A. Democratic Assembly County Committee		Transaction ID: SB17.15357 Date of Disbursement
Mailing Address 250 Broadway		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2005"/>
City New York	State NY	Zip Code 10007
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB17.12922 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement In-kind - fundraising services		Amount of Each Disbursement this Period <input type="text" value="5.96"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB17.12924 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement In-kind - fundraising services		Amount of Each Disbursement this Period <input type="text" value="8.51"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5014.47"/>
TOTAL 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)

PAGE 39 / 60

<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

Full Name (Last, First, Middle Initial) A. Mark Feinberg		Transaction ID: SB17.12860 Date of Disbursement 06 / 28 / 2005
Mailing Address 15-01 Broadway		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairlawn State NJ Zip Code 07410	Purpose of Disbursement Accountant Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Grandma's Kitchen Catering		Transaction ID: SB17.12811 Date of Disbursement 04 / 25 / 2005
Mailing Address 1750 Second Avenue		Amount of Each Disbursement this Period 177.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement Party Fee Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HIGGINS, BRIAN M.		Transaction ID: SB17.15350 Date of Disbursement 04 / 25 / 2005
Mailing Address PO Box 28		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14220	Purpose of Disbursement Candidate Name Category/Type:	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2927.00
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

Full Name (Last, First, Middle Initial) A. Jewish Post		Transaction ID: SB17.13021 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 70-16 18th Avenue		Amount of Each Disbursement this Period 250.00
City Brooklyn State NY Zip Code 11204	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jewish Press		Transaction ID: SB17.12864 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 338 Third Avenue		Amount of Each Disbursement this Period 250.00
City Brooklyn State NY Zip Code 11215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Passover Ad Candidate Name		Category/Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jewish Sentinel		Transaction ID: SB17.12865 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 307 West 37th Street		Amount of Each Disbursement this Period 160.00
City New York State NY Zip Code 10018	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Passover Ad Candidate Name		Category/Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	660.00
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 41 / 60

<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

Full Name (Last, First, Middle Initial) A. Judy's Plant World		Transaction ID: SB17.12812 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 5
Mailing Address 1410 Lexington Avenue		Amount of Each Disbursement this Period 170.00
City New York State NY Zip Code 10028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Party Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. K & D. Wine. Co.		Transaction ID: SB17.12899 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address Madison Avenue		Amount of Each Disbursement this Period 216.24
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering costs Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Ms Meg La Porte		Transaction ID: SB17.12821 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 108 East 82n Strret		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Financial Director Assistant Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1386.24
TOTAL 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)

PAGE 42 / 60

<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

Full Name (Last, First, Middle Initial) A. Ms Meg La Porte		Transaction ID: SB17.13018 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 5
Mailing Address 108 East 82n Strret		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Financial Director Assistant Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ms Meg La Porte		Transaction ID: SB17.12830 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 108 East 82n Strret		Amount of Each Disbursement this Period 1135.00
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Financial Director Assistant Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ms Meg La Porte		Transaction ID: SB17.12869 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 108 East 82n Strret		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Financial Director Assistant Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3135.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 60

<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

Full Name (Last, First, Middle Initial) A. Attorney Lowenstein Sadler PC		Transaction ID: SB17.12870 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 251 Avenue Of The Americas		Amount of Each Disbursement this Period 512.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10020		
Purpose of Disbursement Legal- Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carolyn Maloney		Transaction ID: SB17.12895 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 49 East 92nd St.		Amount of Each Disbursement this Period 311.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128		
Purpose of Disbursement Travel reimbursements Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Group Inc. Manhattan Newspaper		Transaction ID: SB17.12825 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 63 West 38th Street		Amount of Each Disbursement this Period 690.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10018		
Purpose of Disbursement Ads Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1514.80
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

Full Name (Last, First, Middle Initial) A. Group Inc. Manhattan Newspaper		Transaction ID: SB17.12839 Date of Disbursement 06 / 01 / 2005
Mailing Address 63 West 38th Street		Amount of Each Disbursement this Period 345.00
City New York State NY Zip Code 10018	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Group Inc. Manhattan Newspaper		Transaction ID: SB17.12844 Date of Disbursement 06 / 01 / 2005
Mailing Address 63 West 38th Street		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10018	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Club National Democratic		Transaction ID: SB17.12903 Date of Disbursement 06 / 01 / 2005
Mailing Address 30 Ivy Street S. E.		Amount of Each Disbursement this Period 275.00
City Washigton State DC Zip Code 20003	Purpose of Disbursement Donation Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	720.00
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

Full Name (Last, First, Middle Initial) A. Nina Neivens		Transaction ID: SB17.12902 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 24 East 93rd Street		Amount of Each Disbursement this Period 6000.00
City New York State NY Zip Code 10028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nina Neivens		Transaction ID: SB17.12873 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 24 East 93rd Street		Amount of Each Disbursement this Period 6000.00
City New York State NY Zip Code 10028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Connect New York		Transaction ID: SB17.12837 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 317 Madison Avenue		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Web-site Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12050.00
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

Full Name (Last, First, Middle Initial) A. Nina Nievens		Transaction ID: SB17.12823 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 26 East 93rd Street		Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement 2 months Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nina Nievens		Transaction ID: SB17.12907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 5
Mailing Address 26 East 93rd Street		Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cash Petty		Transaction ID: SB17.12882 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 24 East 93rd St.		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement Travel and Office Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12200.00
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 47 / 60

<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

Full Name (Last, First, Middle Initial) A. Queens Chronicle		Transaction ID: SB17.12849 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 62-33 Woodhaven Blvd.		Amount of Each Disbursement this Period 95.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rego Park State NY Zip Code 11374	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Queens Gazette		Transaction ID: SB17.12816 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 42-16 34th Avenue		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Long Island City State NY Zip Code 11101	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Queens Gazette		Transaction ID: SB17.12817 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 42-16 34th Avenue		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Long Island City State NY Zip Code 11101	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	395.00
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

Full Name (Last, First, Middle Initial) A. Queens Gazette		Transaction ID: SB17.12818 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 42-16 34th Avenue		Amount of Each Disbursement this Period 150.00
City Long Island City State NY Zip Code 11101		
Purpose of Disbursement Ad Candidate Name	004 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Queens Gazette		Transaction ID: SB17.12894 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 42-16 34th Avenue		Amount of Each Disbursement this Period 150.00
City Long Island City State NY Zip Code 11101		
Purpose of Disbursement Ad Candidate Name	004 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Queens Gazette		Transaction ID: SB17.12836 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 42-16 34th Avenue		Amount of Each Disbursement this Period 150.00
City Long Island City State NY Zip Code 11101		
Purpose of Disbursement Ad Candidate Name	004 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Queens Gazette		Transaction ID: SB17.12848 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 42-16 34th Avenue		Amount of Each Disbursement this Period 150.00
City Long Island City State NY Zip Code 11101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Queens Tribune		Transaction ID: SB17.12826 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 174-15 Horace Expressway		Amount of Each Disbursement this Period 486.00
City Fresh Meadows State NY Zip Code 11365	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ads Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Queens Tribune		Transaction ID: SB17.12866 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 174-15 Horace Expressway		Amount of Each Disbursement this Period 286.00
City Fresh Meadows State NY Zip Code 11365	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	922.00
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 50 / 60

<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

Full Name (Last, First, Middle Initial) A. Jacqui Samuels		Transaction ID: SB17.12912 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 101 West 80th St #10B		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Director Financial Director Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jacqui Samuels		Transaction ID: SB17.12820 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 101 West 80th St #10B		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Financial Director Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jacqui Samuels		Transaction ID: SB17.12829 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 101 West 80th St #10B		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Financial Director Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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

Full Name (Last, First, Middle Initial) A. Jacqui Samuels		Transaction ID: SB17.12868 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 101 West 80th St #10B		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10024	Purpose of Disbursement NY Financial Director Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Carl Silverberg		Transaction ID: SB17.12824 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 4466 Tindell Street NW		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016	Purpose of Disbursement DC-Financial Director Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Carl Silverberg		Transaction ID: SB17.12883 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 4466 Tindell Street NW		Amount of Each Disbursement this Period 1011.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016	Purpose of Disbursement Reimbursement Taverna Catering 4/7/05 Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8011.00
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 52 / 60

<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

Full Name (Last, First, Middle Initial) A. Mr. Carl Silverberg		Transaction ID: SB17.12838 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 4466 Tindell Street NW		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016	Purpose of Disbursement DC Financial Director Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Carl Silverberg		Transaction ID: SB17.12872 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 4466 Tindell Street NW		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016	Purpose of Disbursement DC Financial Director Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Staples Co.		Transaction ID: SB17.12806 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 182378		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43216	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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 53 / 60

<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

Full Name (Last, First, Middle Initial) A. Staples Co.		Transaction ID: SB17.12835 Date of Disbursement 06 / 01 / 2005
Mailing Address P.O. Box 182378		Amount of Each Disbursement this Period 279.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43216		
Purpose of Disbursement Phone Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples Co.		Transaction ID: SB17.12871 Date of Disbursement 06 / 28 / 2005
Mailing Address P.O. Box 182378		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43216		
Purpose of Disbursement Office Supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The 504 Democratic Club		Transaction ID: SB17.12852 Date of Disbursement 06 / 07 / 2005
Mailing Address 63-74 Austin Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rego Park State NY Zip Code 11374		
Purpose of Disbursement Journal and Ticket Annual Event Candidate Name	012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	779.82
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

Full Name (Last, First, Middle Initial) A. The Courier		Transaction ID: SB17.13020 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 214-07 42nd Street		Amount of Each Disbursement this Period 275.00
City Bayside State NY Zip Code 11361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The National Herald		Transaction ID: SB17.12819 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 41-17 Crescent Avenue		Amount of Each Disbursement this Period 151.25
City Long Island State NY Zip Code 11101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name		Category/Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Sky Club		Transaction ID: SB17.13048 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address 200 Park Avenue		Amount of Each Disbursement this Period 750.00
City New York State NY Zip Code 10166-0233	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY Breakfast Panel Mtg. Catering Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1176.25
TOTAL 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)

PAGE 55 / 60

<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

Full Name (Last, First, Middle Initial) A. The Sky Club		Transaction ID: SB17.13049 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 200 Park Avenue		Amount of Each Disbursement this Period 180.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10166-0233	Purpose of Disbursement Obey Breakfast Panel Meeting Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Transaction ID: SB17.12807 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 9227		Amount of Each Disbursement this Period 219.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Transaction ID: SB17.12901 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 9227		Amount of Each Disbursement this Period 439.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Uniondale State NY Zip Code 11555	Purpose of Disbursement Cable Comp. Lines Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	839.97
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

Full Name (Last, First, Middle Initial) A. U.S. Post Office		Transaction ID: SB17.12847 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address G.O.P. Box		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10001	Purpose of Disbursement Meter Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Post Office		Transaction ID: SB17.12857 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address G.O.P. Box		Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10001	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Edna Velez		Transaction ID: SB17.12850 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 1169 Watson Avenue		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bronx State NY Zip Code 10472	Purpose of Disbursement Office Maintenance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	620.00
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

Full Name (Last, First, Middle Initial) A. Verizon Co.		Transaction ID: SB17.12805 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 5
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 293.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Co.		Transaction ID: SB17.12808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 5
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 219.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Mobile Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Co.		Transaction ID: SB17.12832 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 258.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	771.87
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

Full Name (Last, First, Middle Initial) A. Verizon Co.		Transaction ID: SB17.12833 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 99.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124		
Purpose of Disbursement Phone Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Co.		Transaction ID: SB17.12853 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5	
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 579.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Albany State NY Zip Code 12212-5124			
Purpose of Disbursement Phone Candidate Name			001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Village/Downtown		Transaction ID: SB17.12809 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5	
Mailing Address 80 Eighth Avenue		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City New York State NY Zip Code 10011			
Purpose of Disbursement Ad Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	829.07
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 59 / 60

<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)
Village/Downtown

Mailing Address 80 Eighth Avenue

City New York State NY Zip Code 10011

Purpose of Disbursement Ad
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12815

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	5

Amount of Each Disbursement this Period

150.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

004
Category/
Type

B. Full Name (Last, First, Middle Initial)
Village/Downtown

Mailing Address 80 Eighth Avenue

City New York State NY Zip Code 10011

Purpose of Disbursement Ad
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12867

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	5

Amount of Each Disbursement this Period

260.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

004
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

410.00

TOTAL This Period (last page this line number only)

82815.53

**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 60 / 60

<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

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Excess Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.12875

Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

20000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

20000.00