

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 07 01 2007 through 09 30 2007

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 Maloney

Signature of Treasurer Electronically Filed by Clifton Maloney Date 04 01 2008

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	174020.00	707999.23
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	174020.00	703399.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	70347.47	351743.76
(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)).....	70347.47	351743.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	977871.57	
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 12/2003)

Write or Type Committee Name
MALONEY FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

85100.00

385055.99

(ii) Unitemized.....

1920.00

16643.24

(iii) TOTAL of contributions

87020.00

401699.23

from individuals..... ▶

0.00

1000.00

(b) Political Party Committees.....

87000.00

305300.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

174020.00

707999.23

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

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

174020.00

707999.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70347.47	351743.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	2000.00
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	4600.00
(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	4600.00
21. OTHER DISBURSEMENTS.....	35645.00	98895.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	105992.47	457238.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	909844.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	174020.00
25. SUBTOTAL (add Line 23 and Line 24).....	1083864.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105992.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	977871.57

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 73

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Catherine Abate

Mailing Address 303 Mercer Street

City State Zip Code
New York NY 10003

FEC ID number of contributing federal political committee. C

Name of Employer: Community Healthcare Network
Occupation: CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
07 / 30 / 2007

Transaction ID: SA11AI.17720

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Dawn M. Aicardi

Mailing Address 18 Round Table Road

City State Zip Code
North Easton ME 02356

FEC ID number of contributing federal political committee. C

Name of Employer: Triumvirate Environmental
Occupation: Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2007

Transaction ID: SA11AI.17771

Amount of Each Receipt this Period
2000.00

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

C.

Full Name (Last, First, Middle Initial)
Margo Alexander

Mailing Address 138 East 92nd Street

City State Zip Code
New York NY 10128

FEC ID number of contributing federal political committee. C

Name of Employer: Homemaker
Occupation: Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.17668

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) 3250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 73
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ralph Andrew		Date of Receipt
	Mailing Address 116 Pinehurst Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 31 / 2007
	City	State	Zip Code
	New York	NY	10033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17667
Name of Employer Eye & Ear Infirmary		Occupation Director of Gov't Affairs	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1050.00	

B.	Full Name (Last, First, Middle Initial) Albert C. Bellas		Date of Receipt
	Mailing Address 1130 Park Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 20 / 2007
	City	State	Zip Code
	New York	NY	10128
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17643
Name of Employer Meuburger Berman		Occupation Invest Advisor	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 600.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1100.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jonathan Bing		Date of Receipt
	Mailing Address 212 East 47th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 30 / 2007
	City	State	Zip Code
	New York	NY	10017
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17722
Name of Employer Torys		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 73
	<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)
Richard Bing

Mailing Address 975 Park Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
New York University Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.17666

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Gail Burke

Mailing Address 34 Highfield Road

City State Zip Code
Bloomfield NJ 07003

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.17665

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)
Larry Burton

Mailing Address 4125 N 26th Street Road

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Business Roundtable Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: SA11AI.17610

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) ▶ **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 73
	<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) Helene Byrnes		Date of Receipt
	Mailing Address 22 Seville Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2007
	City	State	Zip Code
	Rye	NY	10580
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17763
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Matthew Byrnes		Date of Receipt
	Mailing Address 22 SEville Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2007
	City	State	Zip Code
	Rye	NY	10580
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17761
Name of Employer Sunova Capital		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Doanld Carson		Date of Receipt
	Mailing Address One North Clematis		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 07 / 2007
	City	State	Zip Code
	West Palm Beach	FL	33401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17850
Name of Employer Florida Crystals Corp.		Occupation V.P.	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<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) Carolyn Cunniff Corcoran	Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address 49 Llyod Lane	Transaction ID: SA11AI.17660
	City Llyod Harbor State NY Zip Code 11743-9773	Amount of Each Receipt this Period 300.00
	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 Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) David A. Davis	Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address 8125 Brill Road	Transaction ID: SA11AI.17669
	City Cincinnati State OH Zip Code 45243	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 Check & Go	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Jared D. Davis	Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address 5155 Financial Way	Transaction ID: SA11AI.17684
	City Mason State OH Zip Code 45040	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 Check & Go Financial	Occupation Executive	
Receipt For: 2008 <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)	2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 73
	(check only one)	
<input checked="" 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"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Adelaide De Menil		Date of Receipt MM / DD / YYYY 07 / 12 / 2007
	Mailing Address 222 Central Park South		Transaction ID: SA11AI.17678
	City New York	State NY	Zip Code 10017
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Homemaker	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1000.00
<input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Megan M. Don		Date of Receipt MM / DD / YYYY 08 / 03 / 2007
	Mailing Address 1445 Church St. N.W.		Transaction ID: SA11AI.17701
	City Washington	State DC	Zip Code 20005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer PanCan	Occupation Director Of Govt. Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	250.00
<input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Alexander Durst		Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 785 Hartford Drive		Transaction ID: SA11AI.17830
	City Boulder	State CO	Zip Code 80395
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer The Durst Organization	Occupation Real Estate	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	750.00
<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 73
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Roy Furman		Date of Receipt MM / DD / YYYY 07 / 18 / 2007
Mailing Address 25 Columbus Circle		Transaction ID: SA11AI.17620
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jefferio's & Co. Inc.	Occupation Investment Banker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Harvey Hanerfeld		Date of Receipt MM / DD / YYYY 09 / 20 / 2007
Mailing Address 8821 Mayberry Court		Transaction ID: SA11AI.17861
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Investment Management	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Sheery Harper		Date of Receipt MM / DD / YYYY 09 / 30 / 2007
Mailing Address 5315 Connecticut Avenue NW		Transaction ID: SA11AI.17837
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer O'Connor & Hanna, L.L.P.	Occupation Senior Policy Advisor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 12 / 73
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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Howard Heckler		Date of Receipt
	Mailing Address 470 Engle Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2007
	City	State	Zip Code
	Englewood	NJ	07831
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17723
		Amount of Each Receipt this Period	
		<input type="text"/> 300.00	
Name of Employer Self-employed		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Mortgage Banker			
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="text"/> 300.00	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Scott Hootman		Date of Receipt
	Mailing Address 420 E Waterside Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2007
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17782
		Amount of Each Receipt this Period	
		<input type="text"/> 2300.00	
Name of Employer Self-employed		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Broker			
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="text"/> 2300.00	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Judith Hope		Date of Receipt
	Mailing Address P.O. Box 2014		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2007
	City	State	Zip Code
	East Hampton	NY	11937
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17606
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer Retired		Occupation	In-kind - Catering <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Retired			
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="text"/> 500.00	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James R. Houghton

Mailing Address **767 Fifth Avenue**

City **New York** State **NY** Zip Code **10021**

FEC ID number of contributing federal political committee. C

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.17652

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)
Denise Hutchins

Mailing Address **2 O'keefe Street**

City **Taunton** State **ME** Zip Code **02780**

FEC ID number of contributing federal political committee. C

Name of Employer **Triumvirate Environmental** Occupation **Administration V.P.**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2007

Transaction ID: SA11AI.17784

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)
Timothy W. Jenkins

Mailing Address **7515**

City **Bethesda** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. C

Name of Employer **O'Connor & Hannan** Occupation **Lobbyist**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
09 / 26 / 2007

Transaction ID: SA11AI.17814

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) 2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 73
(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)
Bruce M. Kaplan
Mailing Address P.o. Box 185
City Sagaponack State NY Zip Code 11962
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
500.00
Date of Receipt 07 / 31 / 2007
Transaction ID: SA11AI.17726
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)
Robert Kaufman
Mailing Address 777 Third Avenue
City New York State NY Zip Code 10128
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
2300.00
Date of Receipt 07 / 18 / 2007
Transaction ID: SA11AI.17615
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Kaufman
Mailing Address 777 Third Avenue
City New York State NY Zip Code 10128
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
4600.00
Date of Receipt 07 / 18 / 2007
Transaction ID: SA11AI.17616
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5100.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 73
	<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) Patricia A. Kenner	Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address 720 Park Avenue	Transaction ID: SA11AI.17651
	City State Zip Code New York NY 10021	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 Campus Coach Lines	Occupation Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Richard Lashley	Date of Receipt MM / DD / YYYY 09 / 17 / 2007
	Mailing Address 2 Trinity Place	Transaction ID: SA11AI.17841
	City State Zip Code Warren NJ 07059	Amount of Each Receipt this Period 2300.00
	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 PL Capital LLC	Occupation Investment Managant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Richard Lashley	Date of Receipt MM / DD / YYYY 09 / 17 / 2007
	Mailing Address 2 Trinity Place	Transaction ID: SA11AI.17843
	City State Zip Code Warren NJ 07059	Amount of Each Receipt this Period 1200.00
	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 PL Capital LLC	Occupation Investment Managant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 73
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Robert D. G. Lewis	Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007
	Mailing Address 301 Constitution Avenue	Transaction ID: SA11AI.17818
	City State Zip Code Washington DC 20002	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 Self-employed Occupation Lawyer Receipt For: 2008 <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) Harley Lippman	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
	Mailing Address 1021 Park Avenue	Transaction ID: SA11AI.17729
	City State Zip Code New York NY 10028	Amount of Each Receipt this Period 2300.00
	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 Genesis 10 Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Harley Lippman	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
	Mailing Address 1021 Park Avenue	Transaction ID: SA11AI.17731
	City State Zip Code New York NY 10028	Amount of Each Receipt this Period 2300.00
	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 Genesis 10 Occupation President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional)	5600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 73
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Eugene Ludwing		Date of Receipt																				
	Mailing Address 1201 Pennsylvania Avenue NW		<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>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		3	1		2	0	0	7													
	City State Zip Code Washington DC 20004		Transaction ID: SA11AI.17675																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00																					
Name of Employer Promontory Financial Group LLC		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Occupation CEO																							
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1300.00																					

B.	Full Name (Last, First, Middle Initial) Warren A. Mackey		Date of Receipt																				
	Mailing Address 565 Fifth Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	9		2	6		2	0	0	7													
	City State Zip Code New York NY 10017		Transaction ID: SA11AI.17787																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00																					
Name of Employer Self-employed		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Occupation Investment Manager																							
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00																					

C.	Full Name (Last, First, Middle Initial) Warren A. Mackey		Date of Receipt																				
	Mailing Address 565 Fifth Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	9		2	6		2	0	0	7													
	City State Zip Code New York NY 10017		Transaction ID: SA11AI.17789																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00																					
Name of Employer Self-employed		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Occupation Investment Manager																							
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4600.00																					

SUBTOTAL of Receipts This Page (optional)	5900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 73
(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)
Elizabeth D. McQuillan

Mailing Address **254 Commonwealth Avenue #4**

City **Boston** State **MA** Zip Code **02116-2410**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt **09 / 26 / 2007**
Transaction ID: SA11AI.17792
 Amount of Each Receipt this Period **2300.00**

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

B. Full Name (Last, First, Middle Initial)
Elizabeth D. McQuillan

Mailing Address **254 Commonwealth Avenue #4**

City **Boston** State **MA** Zip Code **02116-2410**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4600.00**

Date of Receipt **09 / 26 / 2007**
Transaction ID: SA11AI.17794
 Amount of Each Receipt this Period **2300.00**

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

C. Full Name (Last, First, Middle Initial)
John J. McQuillan Jr.

Mailing Address **254 Commonwealth Avenue #4**

City **Boston** State **ME** Zip Code **02118**

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

Name of Employer **Triumvirate Enviromental** Occupation **President & CEO**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt **09 / 26 / 2007**
Transaction ID: SA11AI.17791
 Amount of Each Receipt this Period **2300.00**

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John J. McQuillan Jr.
Mailing Address 254 Commonwealth Avenue #4
City Boston State ME Zip Code 02118
FEC ID number of contributing federal political committee. **C**
Name of Employer Triumvirate Enviromental Occupation President & CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 09 / 26 / 2007
Transaction ID: SA11AI.17852
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Timothy Mooney
Mailing Address 86 Eliab Latham Way
City East Bridgewater State ME Zip Code 02333
FEC ID number of contributing federal political committee. **C**
Name of Employer Triumvirate Environmental Occupation Vice President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 24 / 2007
Transaction ID: SA11AI.17795
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)
Julie Ratner
Mailing Address 95 Eky Brook Hand Greek Road
City East Hampton State NY Zip Code 11937-1002
FEC ID number of contributing federal political committee. **C**
Name of Employer Ellen P. Hermanson Founda-tion Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 07 / 18 / 2007
Transaction ID: SA11AI.17609
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) ► 3800.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 73
	<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) Anthony W. Roberts	Date of Receipt MM / DD / YYYY 09 / 03 / 2007
	Mailing Address 1112 Park Avenue	Transaction ID: SA11AI.17756
	City State Zip Code New York NY 10128	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 Self-employed Occupation Self-employed Consultant	
Receipt For: 2008 <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) Lawrence J. Romans	Date of Receipt MM / DD / YYYY 09 / 26 / 2007
	Mailing Address 5422 Seminary Road	Transaction ID: SA11AI.17824
	City State Zip Code Alexandria VA 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 Self-employed Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Joseph B. Rosenblatt	Date of Receipt MM / DD / YYYY 08 / 03 / 2007
	Mailing Address 575 Eight Avenue	Transaction ID: SA11AI.17693
	City State Zip Code New York NY 10018	Amount of Each Receipt this Period 300.00
	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 Self-Employed Lawyer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Lisa Rosenblum

Mailing Address 115 Central Park West

City	State	Zip Code
New York	NY	10023

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

Name of Employer Cablevision	Occupation Executive
---------------------------------	-------------------------

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: SA11AI.17646

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)
John E. Rosenwald

Mailing Address 944 Fifth Avenue

City	State	Zip Code
New York	NY	22002

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

Name of Employer Bear, Stearns Inc.	Occupation Investment Banker
--	---------------------------------

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2007

Transaction ID: SA11AI.17640

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)
S. P. Scalan

Mailing Address 3808 Brighton Court

City	State	Zip Code
Alexandria	VA	22305

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

Name of Employer Natl. Assn of Fed Credit Union	Occupation Associate
--	-------------------------

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2007

Transaction ID: SA11AI.17826

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)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 73
(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)
Margery Schab

Mailing Address 530 East 90th Street

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.17645

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Spencer L Schneider

Mailing Address 10 Waterside Plaza

City State Zip Code
New York NY 10010

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

Name of Employer Occupation
Self-employed Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 03 / 2007

Transaction ID: SA11AI.17754

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Spencer L Schneider

Mailing Address 10 Waterside Plaza

City State Zip Code
New York NY 10010

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

Name of Employer Occupation
Self-employed Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 05 / 2007

Transaction ID: SA11AI.17752

Amount of Each Receipt this Period
2300.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 73
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Lawrence Seidman

Mailing Address 19 Veter Place

City State Zip Code
Wayne NJ 07470

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

Name of Employer Self-employed Occupation
Self-employed MOney Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2007

Transaction ID: SA11AI.17740

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Lawrence Seidman

Mailing Address 19 Veter Place

City State Zip Code
Wayne NJ 07470

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

Name of Employer Self-employed Occupation
Self-employed MOney Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2007

Transaction ID: SA11AI.17742

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Sonia Seidman

Mailing Address 19 Veteri Place

City State Zip Code
Wayne NJ 07470

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

Name of Employer Self-employed Occupation
Self-employed Travel Agency

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2007

Transaction ID: SA11AI.17743

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 73 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Sonia Seidman</p> <p>Mailing Address 19 Veteri Place</p> <p>City State Zip Code Wayne NJ 07470</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-employed Travel Agency</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">4600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 08 03 2007</p> <p>Transaction ID: SA11AI.17745</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Harold Snyder</p> <p>Mailing Address 18-10 River Drive</p> <p>City State Zip Code Fairlawn NJ 07410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Teva Corp. Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 08 03 2007</p> <p>Transaction ID: SA11AI.17708</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Mr. Donald B. Stott</p> <p>Mailing Address 111 Bellevue Avenue</p> <p>City State Zip Code Summit NJ 07901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 07 18 2007</p> <p>Transaction ID: SA11AI.17626</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>6900.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 73
(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)
Mr. Donald B. Stott

Mailing Address 111 Bellevue Avenue

City State Zip Code
Summit NJ 07901

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2007

Transaction ID: SA11AI.17627

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Margaret Taylor

Mailing Address P.o. Box 477

City State Zip Code
Bridgehampton NY 11932

FEC ID number of contributing federal political committee. C

Name of Employer Anna Throne-Holsl Occupation Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: SA11AI.17733

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Greg Thomas

Mailing Address 427 Spaulding farm Rd

City State Zip Code
Greenville SC 29615

FEC ID number of contributing federal political committee. C

Name of Employer Sellery Associates Inc. Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: SA11AI.17714

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) 3600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 73
(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)
Lisa Woodward

Mailing Address 960 Park Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 03 / 2007

Transaction ID: SA11AI.17746

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)
Janet Yaseen

Mailing Address 812 5th Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: SA11AI.17633

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)
Douglas W. Youngen

Mailing Address 80 Rockland Pl.

City State Zip Code
Newton ME 02464

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

Name of Employer Occupation
Triumvirats Envonormental CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 26 / 2007

Transaction ID: SA11AI.17797

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 73	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Douglas W. Youngen		Date of Receipt																					
Mailing Address 80 Rockland Pl.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	7														
City	State	Zip Code																					
Newton	ME	02464																					
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17798																					
C		Amount of Each Receipt this Period																					
		700.00																					
Name of Employer Triumvirats Envoronmental		Occupation CEO																					
Receipt For: 2008		Election Cycle-to-Date ▼																					
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼		3000.00																					
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																							

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	85100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 73
(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)
ACCENTURE PAC
Mailing Address 800 Connecticut Ave NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00300707
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 26 / 2007
Transaction ID: SA11C.17801
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)
ACXIOM CORPORATION ASSOCIATES PAC, THE
Mailing Address #1 Information Way
City Little Rock State AR Zip Code 72202
FEC ID number of contributing federal political committee. **C** C00350835
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 20 / 2007
Transaction ID: SA11C.17856
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)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address 421 AVIATION WAY
City FREDERICK State MD Zip Code 21701
FEC ID number of contributing federal political committee. **C** C00131185
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 09 / 26 / 2007
Transaction ID: SA11C.17803
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 73
(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)
AMERICA'S COMMUNITY BANKERS COMMUNITY CAMPAIGN COMMITTEE

Mailing Address 900 19th Street NW
Suite 400

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: SA11C.17695

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)
American Association For Justice Pac

Mailing Address 1050 31st Street, NW

City Washigton State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11C.17804

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)
AMERICAN BANKERS ASSOCIATION BANKPAC

Mailing Address 1120 CONN. AVE., NW SUITE 851

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 7

Transaction ID: SA11C.17835

Amount of Each Receipt this Period
 2000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 73
(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)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH THIRD STREET

City State Zip Code
MOORHEAD MN 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 20 2007

Transaction ID: SA11C.17644

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE NW SUITE 650

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00040535

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 20 2007

Transaction ID: SA11C.17853

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)
AMERICAN PODIATRIC MEDICAL ASSN. INC. PODIATRY POLITICAL ACTION COMMITTEE

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 10 2007

Transaction ID: SA11C.17863

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) ► **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 73
(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)
AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH ST NW SUITE 1101

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 03 / 2007

Transaction ID: SA11C.17691

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)
BANK OF AMERICA CORPORATION FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 100 NORTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28255

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 03 / 2007

Transaction ID: SA11C.17773

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)
BANK OF AMERICA CORPORATION FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 100 NORTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28255

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 03 / 2007

Transaction ID: SA11C.17774

Amount of Each Receipt this Period
2500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 73
(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)
CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 111 STEWART AVE

City State Zip Code
BETHPAGE NY 11714

FEC ID number of contributing federal political committee. **C** C00197863

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2007

Transaction ID: SA11C.17641

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
CBC COMPANIES INC PAC

Mailing Address 250 EAST TOWN STREET

City State Zip Code
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C** C00410001

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 26 / 2007

Transaction ID: SA11C.17806

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)
CHARLES SCHWAB CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 101 Montgomery St SF120KNY6-305 Suite 740

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C** C00370114

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 26 / 2007

Transaction ID: SA11C.17805

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) ► **4500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 73
(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)
CITIGROUP INC POLITICAL ACTION COMMITTEE (FKA TRAVELERS GROUP INC PAC)
Mailing Address 153 EAST 53RD STREET
City NEW YORK State NY Zip Code 10043
FEC ID number of contributing federal political committee. **C** C00039305
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00
Date of Receipt 08 / 03 / 2007
Transaction ID: SA11C.17699
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT
Mailing Address CNA PLAZA - CORPORATE TAX (24S)
City CHICAGO State IL Zip Code 60685
FEC ID number of contributing federal political committee. **C** C00078287
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 03 / 2007
Transaction ID: SA11C.17697
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)
COMMERCIAL MORTGAGE SECURITIES ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address 30 BROAD STREET 28TH FLOOR
City NEW YORK State NY Zip Code 10004
FEC ID number of contributing federal political committee. **C** C00411173
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 20 / 2007
Transaction ID: SA11C.17859
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) ► 4500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 73

(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)
CONSUMER DATA INDUSTRY ASSOCIATION INC POLITICAL ACTION COMMITTEE OR CDIA PAC

Mailing Address 1090 VERMONT AVE NW SUITE 200

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2007

Transaction ID: SA11C.17808

Amount of Each Receipt this Period

2500.00

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

B. Full Name (Last, First, Middle Initial)
COUNTRYWIDE FINANCIAL CORPORATION PAC

Mailing Address 1717 Pennsylvania Ave N.W. #700

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00282731

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2007

Transaction ID: SA11C.17810

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)
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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2007

Transaction ID: SA11C.17767

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Mailing Address 1550 PEACHTREE STREET NW

City State Zip Code
ATLANTA GA 30309

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2007

Transaction ID: SA11C.17812

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)
EXPERIAN NORTH AMERICA INC. POLITICAL ACTION COMMITTEE (EXPERIAN PAC)

Mailing Address 475 Anton Blvd

City State Zip Code
Costa Mesa CA 92626

FEC ID number of contributing federal political committee. **C** C00379768

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 4000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: SA11C.17866

Amount of Each Receipt this Period

4000.00

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

C.

Full Name (Last, First, Middle Initial)
FEDERAL NATIONAL MORTGAGE ASSOCIATION POLITICAL ACTION COMMITTEE (FANNIE MAE PAC)

Mailing Address 3900 WISCONSIN AVE NW

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C** C00393520

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: SA11C.17868

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 73
(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)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 1301 Pennsylvania Ave. NW
Suite 401

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 03 / 2007
Transaction ID: SA11C.17704
 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)
FMR CORP. POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 82 Devonshire Street

City Boston State MA Zip Code 02109

FEC ID number of contributing federal political committee. **C** C00380550

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 31 / 2007
Transaction ID: SA11C.17735
 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)
GREAT LAKES SUGARBEET GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 4800 FASHION SQUARE BLVD
#300 PLAZA N

City SAGINAW State MI Zip Code 48604

FEC ID number of contributing federal political committee. **C** C00384354

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2007
Transaction ID: SA11C.17738
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 73
	<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

A.	Full Name (Last, First, Middle Initial) HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)	Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007
	Mailing Address HARTFORD PLAZA HARTFORD PLAZA	Transaction ID: SA11C.17612
	City State Zip Code HARTFORD CT 06115	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00168864	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
	Receipt For: 2008 <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) INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 15 POLITICAL ACTION COMMITTEE	Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2007
	Mailing Address 265 WEST 14TH STREET	Transaction ID: SA11C.17854
	City State Zip Code NEW YORK NY 10011	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00163956	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00

C.	Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)	Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2007
	Mailing Address 1401 H STREET NW SUITE 1200	Transaction ID: SA11C.17706
	City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00105981	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 73

(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)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2007

Transaction ID: SA11C.17770

Amount of Each Receipt this Period

2500.00

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

B.

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

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: SA11C.17855

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)
KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 18254

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: SA11C.17840

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

7500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 73
(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)
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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11C.17816

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)
LENT & SCRIVNER PAC

Mailing Address PO BOX 2715

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00000794

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 3 / 2 0 0 7

Transaction ID: SA11C.17786

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Mailing Address 7525 RED RIVER ROAD

City State Zip Code
WAHPETON ND 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 3 / 2 0 0 7

Transaction ID: SA11C.17759

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) ► 2500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 73
(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)
MORTGAGE BANKERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1919 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 09 / 03 / 2007
Transaction ID: SA11C.17768
 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)
MORTGAGE BANKERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1919 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 09 / 30 / 2007
Transaction ID: SA11C.17869
 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)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)

Mailing Address 1325 Massachusetts Ave. NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 26 / 2007
Transaction ID: SA11C.17833
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE

Date of Receipt: MM / DD / YYYY
09 / 26 / 2007

Mailing Address 3138 North 10th Street

Transaction ID: SA11C.17848

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

B. Full Name (Last, First, Middle Initial)
Online Lenders Alliance Pac

Date of Receipt: MM / DD / YYYY
07 / 31 / 2007

Mailing Address 725 S. Emerson Street

Transaction ID: SA11C.17672

City Denver State CO Zip Code 80209

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee. **C** C00427781

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

C. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Date of Receipt: MM / DD / YYYY
08 / 03 / 2007

Mailing Address 2600 South River Road

Transaction ID: SA11C.17690

City Des Plaines State IL Zip Code 60018

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 73

(check only one)

<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

A.

Full Name (Last, First, Middle Initial)
PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)

Mailing Address 751 Broad Street
3RD FLOOR PRUDENTIAL PLAZA

City State Zip Code
Newark NJ 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2007

Transaction ID: SA11C.17769

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)
SECURITIES INDUSTRY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1401 EYE STREET NW SUITE 1000

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00067504

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: SA11C.17707

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)
SIEMENS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVENUE NW
SUITE 720

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2007

Transaction ID: SA11C.17796

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) ▶

7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 73

(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)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City RENVILLE State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2007

Transaction ID: SA11C.17709

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)
SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

Mailing Address PO BOX 666

City BELLE GLADE State FL Zip Code 33430

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2007

Transaction ID: SA11C.17711

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)
TRANS UNION LLC POLITICAL ACTION COMMITTEE

Mailing Address 555 WEST ADAMS ST

City CHICAGO State IL Zip Code 60661

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2007

Transaction ID: SA11C.17828

Amount of Each Receipt this Period
 3000.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 73
(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)
UBS AMERICAS FUND FOR BETTER GOVERNMENT

Mailing Address 1285 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	7

Transaction ID: SA11C.17636

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
UNITE CAMPAIGN COMMITTEE

Mailing Address 1710 Broadway

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: SA11C.17834

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)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC

Mailing Address 9800 Fredericksburg Road
ROOM 501

City State Zip Code
San Antonio TX 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	7

Transaction ID: SA11C.17717

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) ► **6000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 73
	(check only one)	
<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

A.

Full Name (Last, First, Middle Initial)
Ven-Pac

Mailing Address P.O.Box 83142

City State Zip Code
Gaithesburg MD 20883

FEC ID number of contributing federal political committee. **C C00369660**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
08 03 2007

Transaction ID: SA11C.17719

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)
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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
07 18 2007

Transaction ID: SA11C.17618

Amount of Each Receipt this Period
2000.00

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)	87000.00

**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

<p>A. Full Name (Last, First, Middle Initial) ADP Tx/Fincl Svc.</p> <p>Mailing Address 5800 Winward Pkwy</p> <p>City Alpharetta State GA Zip Code 30005</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.17688</p> <p>Date of Disbursement 07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 216.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ADP Tx/Fincl Svc.</p> <p>Mailing Address 5800 Winward Pkwy</p> <p>City Alpharetta State GA Zip Code 30005</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.17750</p> <p>Date of Disbursement 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 206.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ADP Tx/Fincl Svc.</p> <p>Mailing Address 5800 Winward Pkwy</p> <p>City Alpharetta State GA Zip Code 30005</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.17846</p> <p>Date of Disbursement 09 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 199.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

622.63

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 / 73

<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) E.R. Allegro <hr/> Mailing Address 750 Columbus Avenue <hr/> City New York State NY Zip Code 10025 <hr/> Purpose of Disbursement Bookkeeping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17870 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express Co. <hr/> Mailing Address P.O.Box 2855 <hr/> City New York State NY Zip Code 10116-2855 <hr/> Purpose of Disbursement Campaign Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17884 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 311.22 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bittersweet Catering Cafe <hr/> Mailing Address 823 King Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Catering Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17884.0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 234.64 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2811.22
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Mailing Address 1475 Boettler Road

City Uniontown State OH Zip Code 44685

Purpose of Disbursement
Mail

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17884.1
Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

32.01

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

[MEMO ITEM]

B.

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

Mailing Address 1475 Boettler Road

City Uniontown State OH Zip Code 44685

Purpose of Disbursement
Mail

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17884.2
Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

18.41

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

[MEMO ITEM]

C.

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

Mailing Address 1475 Boettler Road

City Uniontown State OH Zip Code 44685

Purpose of Disbursement
Mail

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17884.3
Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

26.16

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) American Express Co. Mailing Address P.O.Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement American Express Collection Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17687 Date of Disbursement 07 / 16 / 2007 Amount of Each Disbursement this Period 9.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express Co. Mailing Address P.O.Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement American Express Discount Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17689 Date of Disbursement 07 / 16 / 2007 Amount of Each Disbursement this Period 218.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) American Express Co. Mailing Address P.O.Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement American Express Collection Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17747 Date of Disbursement 08 / 03 / 2007 Amount of Each Disbursement this Period 9.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	237.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Transaction ID: SB17.17749
Date of Disbursement

Mailing Address P.O.Box 2855

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	7	7

City State Zip Code
New York NY 10116-2855

Amount of Each Disbursement this Period

110.25

Purpose of Disbursement
American Express Discount
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

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

Transaction ID: SB17.17844
Date of Disbursement

Mailing Address P.O.Box 2855

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	7	7

City State Zip Code
New York NY 10116-2855

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement
American Express Collection
Candidate Name

--

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
George Arzt

Transaction ID: SB17.17596
Date of Disbursement

Mailing Address 123 William Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	7	7

City State Zip Code
New York NY 20004

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Media Consultant
Candidate Name

004

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

5115.25

TOTAL This Period (last page this line number only)

--

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Astoria Graphics Inc.</p> <p>Mailing Address 225 Varrick Street</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.17561</p> <p>Date of Disbursement 07 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 146.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Chase Bank</p> <p>Mailing Address P.O. Box 15836</p> <p>City Willmington State DE Zip Code 19886-5836</p> <p>Purpose of Disbursement Merchant Banked Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.17686</p> <p>Date of Disbursement 07 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 72.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Chase Bank</p> <p>Mailing Address P.O. Box 15836</p> <p>City Willmington State DE Zip Code 19886-5836</p> <p>Purpose of Disbursement Merchant Bnkcd Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.17748</p> <p>Date of Disbursement 08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 67.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

287.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Chase Bank Mailing Address P.O. Box 15836 City Willmington State DE Zip Code 19886-5836 Purpose of Disbursement Merchant Banked Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17845 Date of Disbursement 09 / 07 / 2007 Amount of Each Disbursement this Period 80.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Journal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17883 Date of Disbursement 07 / 15 / 2007 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Con Edison Co. Mailing Address P.O. Box 1702 City New Yrok State NY Zip Code 10001 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17556 Date of Disbursement 07 / 13 / 2007 Amount of Each Disbursement this Period 92.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1172.99

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Con Edison Co.

Transaction ID: SB17.17577
Date of Disbursement

Mailing Address P.O. Box 1702

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	7	7

City State Zip Code
New York NY 10001

Amount of Each Disbursement this Period

228.10

Purpose of Disbursement
Utility

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Con Edison Co.

Transaction ID: SB17.17589
Date of Disbursement

Mailing Address P.O. Box 1702

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	7	7

City State Zip Code
New York NY 10001

Amount of Each Disbursement this Period

94.07

Purpose of Disbursement
Utility

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Copy Quest

Transaction ID: SB17.17605
Date of Disbursement

Mailing Address East 92nd Street

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

City State Zip Code
New York NY 10128

Amount of Each Disbursement this Period

1266.52

Purpose of Disbursement
Copies

003

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1588.69

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Israel Dear

Mailing Address 255 Havemeyer Street

City Brooklyn State NY Zip Code 11211

Purpose of Disbursement
Photos

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17559
Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

104.00

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

B.

Full Name (Last, First, Middle Initial)
Democratic Assembly County Committee

Mailing Address 250 Broadway

City New York State NY Zip Code 10007

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17878
Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

400.00

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

C.

Full Name (Last, First, Middle Initial)
Mark Feinberg

Mailing Address 15-01 Broadway

City Fairlawn State NJ Zip Code 07410

Purpose of Disbursement
Accountant

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17602
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

560.00

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

SUBTOTAL of Disbursements This Page (optional)

1064.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Judith Hope Mailing Address P.O. Box 2014 City East Hampton State NY Zip Code 11937 Purpose of Disbursement In-kind - Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17608 Date of Disbursement 07 / 28 / 2007 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
B.	Full Name (Last, First, Middle Initial) Jewish Post Mailing Address 70-16 18th Avenue City Brooklyn State NY Zip Code 11204 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17554 Date of Disbursement 07 / 13 / 2007 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
C.	Full Name (Last, First, Middle Initial) Jewish Post Mailing Address 70-16 18th Avenue City Brooklyn State NY Zip Code 11204 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17585 Date of Disbursement 09 / 25 / 2007 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

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jewish Sentinel Mailing Address 307 West 37th Street City New York State NY Zip Code 10018 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17601 Date of Disbursement 09 / 16 / 2007 Amount of Each Disbursement this Period 640.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Dean Joan Mailing Address 25 Central park West City New York State NY Zip Code 10023 Purpose of Disbursement NY Financial Director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17539 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 5068.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Dean Joan Mailing Address 25 Central park West City New York State NY Zip Code 10023 Purpose of Disbursement NY Financial Director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.17567 Date of Disbursement 07 / 31 / 2007 Amount of Each Disbursement this Period 5061.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

10769.80

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

A.	Full Name (Last, First, Middle Initial) Dean Joan Mailing Address 25 Central park West City New York State NY Zip Code 10023 Purpose of Disbursement NY Financial Director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17578 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7	Amount of Each Disbursement this Period 5026.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Judy's Plant World Mailing Address 1410 Lexington Avenue City New York State NY Zip Code 10028 Purpose of Disbursement Party Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17584 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7	Amount of Each Disbursement this Period 347.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ms Meg La Porte Mailing Address 108 East 82n Strret City New York State NY Zip Code 10128 Purpose of Disbursement NY Financial Helper Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17541 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7	Amount of Each Disbursement this Period 1645.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	7018.86
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ms Meg La Porte

Mailing Address 108 East 82n Strret

City New York State NY Zip Code 10128

Purpose of Disbursement
NY Financial Helper

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17548
Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

1699.00

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

B.

Full Name (Last, First, Middle Initial)
Ms Meg La Porte

Mailing Address 108 East 82n Strret

City New York State NY Zip Code 10128

Purpose of Disbursement
NY Financial Helper

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17566
Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1663.58

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

C.

Full Name (Last, First, Middle Initial)
Ms Meg La Porte

Mailing Address 108 East 82n Strret

City New York State NY Zip Code 10128

Purpose of Disbursement
NY Financial Helper

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17579
Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

1600.00

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

SUBTOTAL of Disbursements This Page (optional)

4962.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Mailing Address 245 East 58th Street

City State Zip Code
New York NY 10022

Purpose of Disbursement
NY Financial Helper

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17540
Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

1477.50

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

B.

Full Name (Last, First, Middle Initial)
Group Inc. Manhattan Newspaper

Mailing Address 63 West 38th Street

City State Zip Code
New York NY 10018

Purpose of Disbursement
Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17551
Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

345.00

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

C.

Full Name (Last, First, Middle Initial)
Group Inc. Manhattan Newspaper

Mailing Address 63 West 38th Street

City State Zip Code
New York NY 10018

Purpose of Disbursement
Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17603
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

345.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2167.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
National OrganizationOf Women-Now

Mailing Address 200 West 72nd Street

City State Zip Code
New York NY 10023

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17591
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Connect New York

Mailing Address 317 Madison Avenue

City State Zip Code
New York NY 10017

Purpose of Disbursement
Web-site

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17558
Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

60.00

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

C.

Full Name (Last, First, Middle Initial)
Connect New York

Mailing Address 317 Madison Avenue

City State Zip Code
New York NY 10017

Purpose of Disbursement
Web-site

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17594
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

120.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

680.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Nina Nievens

Mailing Address 26 East 93rd Street

City State Zip Code
New York NY 10128

Purpose of Disbursement

Rent-

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17587

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

6000.00

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

B.

Full Name (Last, First, Middle Initial)
Queens Gazette

Mailing Address 42-16 34th Avenue

City State Zip Code
Long Island City NY 11101

Purpose of Disbursement

Full Page Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17550

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

825.00

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

C.

Full Name (Last, First, Middle Initial)
Queens Gazette

Mailing Address 42-16 34th Avenue

City State Zip Code
Long Island City NY 11101

Purpose of Disbursement

Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17545

Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

155.00

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

SUBTOTAL of Disbursements This Page (optional)

6980.00

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 62 / 73

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Queens Gazette Mailing Address 42-16 34th Avenue City Long Island City State NY Zip Code 11101 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17600 Date of Disbursement 09 / 16 / 2007 Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Queens Gazette Mailing Address 42-16 34th Avenue City Long Island City State NY Zip Code 11101 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17586 Date of Disbursement 09 / 25 / 2007 Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Samaritan Village Inc. Mailing Address 138-02 Queens Blvd. City Brianwood State NY Zip Code 11435 Purpose of Disbursement Journal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.17582 Date of Disbursement 09 / 16 / 2007 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	610.00
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)

<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)
Mr. Carl Silverberg

Transaction ID: SB17.17542
Date of Disbursement

Mailing Address 4466 Tindell Street NW

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

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
DC Financial Director

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Carl Silverberg

Transaction ID: SB17.17568
Date of Disbursement

Mailing Address 4466 Tindell Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
DC Financial Director

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Carl Silverberg

Transaction ID: SB17.17595
Date of Disbursement

Mailing Address 4466 Tindell Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	7

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

5839.24

Purpose of Disbursement
DC Financial Director

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

15839.24

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Staples Co.

Transaction ID: SB17.17580
Date of Disbursement

Mailing Address P.O. Box 182378

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	7	7

City Columbus State OH Zip Code 43216

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Supplies

001

Category/
Type

366.63

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Stonewall Veterans Assoc.

Transaction ID: SB17.17562
Date of Disbursement

Mailing Address 70-A greenwich Avenue

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

City New York State NY Zip Code 10011

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation

012

Category/
Type

100.00

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
T. Mobile

Transaction ID: SB17.17564
Date of Disbursement

Mailing Address P.O. Box 742596

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

City Cincinnati State OH Zip Code 45274

Amount of Each Disbursement this Period

Purpose of Disbursement
Cell

001

Category/
Type

115.64

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

582.27

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

A.

Full Name (Last, First, Middle Initial)
T. Mobile

Mailing Address P.O. Box 742596

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement
Cell

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17599
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

231.95

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

B.

Full Name (Last, First, Middle Initial)
The State Insurance Fund. Co.

Mailing Address 199 Church Street

City New York State NY Zip Code 10007

Purpose of Disbursement
Insurance

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17547
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

38.00

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

C.

Full Name (Last, First, Middle Initial)
The State Insurance Fund. Co.

Mailing Address 199 Church Street

City New York State NY Zip Code 10007

Purpose of Disbursement
Workers Compensation

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17583
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

852.94

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

SUBTOTAL of Disbursements This Page (optional)

1122.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address P.O. Box 9227

City Uniondale State NY Zip Code 11555

Purpose of Disbursement
Cable Lines

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17557
Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

119.78

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

B.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address P.O. Box 9227

City Uniondale State NY Zip Code 11555

Purpose of Disbursement
Computer

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17571
Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

219.90

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

C.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address P.O. Box 9227

City Uniondale State NY Zip Code 11555

Purpose of Disbursement
Cable

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17572
Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

59.89

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

SUBTOTAL of Disbursements This Page (optional) ▶

399.57

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address P.O. Box 9227

City Uniondale State NY Zip Code 11555

Purpose of Disbursement
Computers

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17581
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

209.99

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

B.

Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address G.O.P. Box

City New York State NY Zip Code 10001

Purpose of Disbursement
Postage

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17543
Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

410.00

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

C.

Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address G.O.P. Box

City New York State NY Zip Code 10001

Purpose of Disbursement
Postage

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17565
Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

820.00

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

SUBTOTAL of Disbursements This Page (optional)

1439.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Edna Velez

Mailing Address 1169 Watson Avenue

City State Zip Code
Bronx NY 10472

Purpose of Disbursement
Office Cleaning

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17569
Date of Disbursement

07 / 29 / 2007

Amount of Each Disbursement this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)
Edna Velez

Mailing Address 1169 Watson Avenue

City State Zip Code
Bronx NY 10472

Purpose of Disbursement
Office Cleaning

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17549
Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
Verizon Co.

Mailing Address P.O. Box 15124

City State Zip Code
Albany NY 12212-5124

Purpose of Disbursement
Phone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17560
Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

307.16

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

SUBTOTAL of Disbursements This Page (optional) ▶

507.16

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)

<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)
Verizon Co.

Transaction ID: SB17.17563
Date of Disbursement

Mailing Address P.O. Box 15124

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

City Albany State NY Zip Code 12212-5124

Amount of Each Disbursement this Period

Purpose of Disbursement

001
Category/
Type

282.29

Phone
Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon Co.

Transaction ID: SB17.17574
Date of Disbursement

Mailing Address P.O. Box 15124

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	7	7

City Albany State NY Zip Code 12212-5124

Amount of Each Disbursement this Period

Purpose of Disbursement

001
Category/
Type

280.45

Phone
Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Verizon Co.

Transaction ID: SB17.17575
Date of Disbursement

Mailing Address P.O. Box 15124

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	7	7

City Albany State NY Zip Code 12212-5124

Amount of Each Disbursement this Period

Purpose of Disbursement

001
Category/
Type

297.28

Phone
Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

860.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Co.	Transaction ID: SB17.17597 Date of Disbursement
	Mailing Address P.O. Box 15124	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Albany State NY Zip Code 12212-5124	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone	<input type="text" value="388.25"/>
	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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Verizon Co.	Transaction ID: SB17.17598 Date of Disbursement
	Mailing Address P.O. Box 15124	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City Albany State NY Zip Code 12212-5124	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone	<input type="text" value="431.81"/>
	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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Village/Downtown	Transaction ID: SB17.17552 Date of Disbursement
	Mailing Address 80 Eighth Avenue	<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10011	Amount of Each Disbursement this Period
	Purpose of Disbursement Ad	<input type="text" value="270.00"/>
	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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1090.06"/>
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)

<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 State Zip Code
New York NY 10011

Purpose of Disbursement
Ads

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17555
Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

430.00

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

B.

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

Mailing Address 80 Eighth Avenue

City State Zip Code
New York NY 10011

Purpose of Disbursement
Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17553
Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

210.00

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

C.

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

Mailing Address 80 Eighth Avenue

City State Zip Code
New York NY 10011

Purpose of Disbursement
Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17588
Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

210.00

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

SUBTOTAL of Disbursements This Page (optional)

850.00

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 72 / 73

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Woodside Herald

Mailing Address 43-11 Greenpoint Avenue

City State Zip Code
Sunnyside NY 11104

Purpose of Disbursement
Ad

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.17875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

75.00

TOTAL This Period (last page this line number only)

69854.47

**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 73 / 73

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Transaction ID: SB21.17573

Date of Disbursement

Mailing Address 430 SOUTH CAPITOL STREET

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

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

35645.00

Purpose of Disbursement
Unlimited Transfer to National Party

008

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

35645.00

TOTAL This Period (last page this line number only)

35645.00