

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	6

 To:

M	M
0	8

D	D
2	3

Y	Y	Y	Y
2	0	0	6

	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)).....	66305.28	852916.11
(b) Total Contribution Refunds (from Line 20(d)).....	10000.00	10850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	56305.28	842066.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	54840.83	663895.14
(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)).....	54840.83	663895.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	684601.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
MALONEY FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
2	3

Y	Y	Y	Y
2	0	0	6

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).....

32950.00

511552.15

(ii) Unitemized.....

350.00

14307.00

(iii) TOTAL of contributions

33300.00

525859.15

from individuals..... ▶

33000.00

231201.17

(b) Political Party Committees.....

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

5.28

95855.79

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

66305.28

852916.11

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

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

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

0.00

0.00

15. OTHER RECEIPTS

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

0.00

3123.80

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

66305.28

856039.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	54840.83	663895.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	850.00
(b) Political Party Committees.....	10000.00	10000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	10000.00	10850.00
21. OTHER DISBURSEMENTS.....	40000.00	140000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	104840.83	814745.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	723136.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	66305.28
25. SUBTOTAL (add Line 23 and Line 24).....	789441.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104840.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	684601.02

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Susan Vail Berresford

Mailing Address 200 East 66th Street

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.14842

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)
Mr. Nicholas J. Bouras

Mailing Address 112 Beekman Road

City State Zip Code
Summit NJ 07901

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

Name of Employer Occupation
Self-Employed Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.14828

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)
Elliot Clark

Mailing Address 5 Davis Drive

City State Zip Code
New York NY 10504

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.14827

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. James G. Clynes		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 226 East 75th Street		Transaction ID: SA11A1.14825	
City State Zip Code New York NY 10021	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 Nationwide Insurance Co.	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mrs. Kamini Dandapani		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 30 Waterside Plaza		Transaction ID: SA11A1.14862	
City State Zip Code New York NY 10010	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 Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Alexander Durst		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 785 Hartford Drive		Transaction ID: SA11A1.14852	
City State Zip Code Boulder CO 80395	Amount of Each Receipt this Period 2100.00		
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 The Durst Organization	Occupation Real Estate		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Helena Durst		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 1155 Avenue of the Americas		Transaction ID: SA11A1.14854
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 2100.00	
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 The Durst Organization	Occupation Real Estate	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Rae Forker Evans		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 888 17th Street NW		Transaction ID: SA11A1.14786
City State Zip Code Washqton DC 20006	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 Evans Capital	Occupation Principal	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Nikolaos Fillas		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 20 Willow Drive		Transaction ID: SA11A1.14840
City State Zip Code Donglaston NY 11368	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 Penta Restoration Corp.	Occupation Builder	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Carolee Friedlander		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 109 Pecksland Road		Transaction ID: SA11A1.14804
City State Zip Code Greenwich, Ct. CT 06831	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 Occupation Carolee Designs President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Thomas Iovino		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 26-50 Ulmer Street		Transaction ID: SA11A1.14791
City State Zip Code College Point NY 11354	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 Occupation Judlau Contracting, Inc. CEO	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Fred Taylor Isquith		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 270 Madison Avenue		Transaction ID: SA11A1.14839
City State Zip Code New York NY 10016-0601	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 Occupation Wolf Handenstein Attorney	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Peter S. Kalikow		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 101 Park Avenue		Transaction ID: SA11A1.14794	
City State Zip Code New York NY 10017		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 H.J. Kalikow & Co., LLC		Occupation Real Estate Developer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mrs. Rita J. Kaplan		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 866 United nations Plaza		Transaction ID: SA11A1.14845	
City State Zip Code New York NY 10017		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Housewife		Occupation Housewife	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Andrew E. Manatos		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 601-13th Street N.W. Ste. 1150-S		Transaction ID: SA11A1.14838	
City State Zip Code Washington DC 20005		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 President		Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 48
	<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) David M. Murphy		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 82 Old Corner Road		Transaction ID: SA11A1.14795
City Bedford State NY Zip Code 10506	Amount of Each Receipt this Period 2100.00	
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 Weehall, Lipton Occupation Lawyer	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) David M. Murphy		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 82 Old Corner Road		Transaction ID: SA11A1.14796
City Bedford State NY Zip Code 10506	Amount of Each Receipt this Period 2100.00	
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 Weehall, Lipton Occupation Lawyer	Election Cycle-to-Date ▼ 4200.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Alexander Odishelidze		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address Booth Creek Town Home- D-5		Transaction ID: SA11A1.14754
City East Vail State CO Zip Code 81657	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 Employees Benefit Association Occupation Lobbyist	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 48
	<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)
Harold W. Pote

Mailing Address **525 Park Avenue #14C**

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Chase Bank Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: SA11A1.14806

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)
R. Robbie

Mailing Address **2 Tudor City Place**

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: SA11A1.14843

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Joy M. Ruane

Mailing Address **1125 Fift Avenue**

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: SA11A1.14817

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)	2100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 48
	<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) Howard J. Rubenstein Mailing Address 1345 Avenue Of The Americas City State Zip Code New York NY 10105 FEC ID number of contributing federal political committee. C		Date of Receipt <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>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14835 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	1		2	0	0	6														
1000.00																							
Name of Employer: Rubenstein Association Occupation: Public Relations Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																				
4000.00																							

B. Full Name (Last, First, Middle Initial) Cary Sartin Mailing Address 785 Fifth Avenue City State Zip Code New York NY 10022 FEC ID number of contributing federal political committee. C		Date of Receipt <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>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14772 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	4		2	0	0	6														
1000.00																							
Name of Employer: Janet, Sartin Skin Care Occupation: Owner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

C. Full Name (Last, First, Middle Initial) Janet Sartin Mailing Address 240 Moonache Avenue City State Zip Code Moonache NJ 07074 FEC ID number of contributing federal political committee. C		Date of Receipt <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>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14774 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	4		2	0	0	6														
1000.00																							
Name of Employer: Janet Sartin Skin Care Spa Occupation: owner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 48
	<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)
Melissa Schulman

Mailing Address 9020 Lupine Den Drive

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation
Dergner, Bochorny Attorney

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

500.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: SA11A1.14823

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)
Rita I. Schwartz

Mailing Address 129 Hicks Street

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Occupation
General Contractors Assoc. Of New York Director, Government Relations

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

1000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: SA11A1.14797

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)
Larry A. Silverstein

Mailing Address 521 Fifth Avenue

City State Zip Code
New York NY 10175

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

Name of Employer Occupation
Silverstein Properties Developer

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

1500.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: SA11A1.14841

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)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alan B. Slifka		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 477 Madison Avenue		Transaction ID: SA11A1.14837
City State Zip Code New York NY 10022	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Slifka Inc. (Self Employed)	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Hope G. Solinger		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 10 East 70th Street		Transaction ID: SA11A1.14811
City State Zip Code New York NY 10021	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Carl Spielvogel		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 720 Park Avenue		Transaction ID: SA11A1.14824
City State Zip Code New York NY 10021-4954	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Business Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marcy Syms		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address One Syms Way		Transaction ID: SA11A1.14821	
City State Zip Code Secoucus NJ 07094	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 Occupation Syms Corp. CEO	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Ms Barbara Tober		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 620 Park Avenue		Transaction ID: SA11A1.14808	
City State Zip Code New York NY 10021	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 Occupation Self-Employed Business Executive	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Peter . Tully		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 127-50 Northern Blvd.		Transaction ID: SA11A1.14802	
City State Zip Code Flushing NY 11368	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 Occupation Tully Construction President	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 48
	<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)
Daniel A. Turton

Mailing Address 800 A. Street S.E.

City State Zip Code
Washgton DC 20003

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

Name of Employer Occupation
Timmons and Company Inc. Vice President

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2006

Transaction ID: SA11A1.14779

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)
Carl Tweedy

Mailing Address 1435 Lexington Avenue

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Asphalt Green Manager

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.14829

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)
Claudia Wagner

Mailing Address 280 Riverside Drive

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
Self-Employed Lawyer

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.14832

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 48	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

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

Mailing Address 18 Villas Circle

City State Zip Code
Melville NY 11747

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	6

Transaction ID: SA11A1.14776

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	32950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 421 AVIATION WAY		Transaction ID: SA11B.14781
City FREDERICK State MD Zip Code 21701	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00131185	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. AMERICA'S COMMUNITY BANKERS COMMUNITY CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 900 19th Street NW Suite 400		Transaction ID: SA11B.14783
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00001875	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. AMERICAN BANKERS ASSOCIATION BANKPAC		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 1120 CONN. AVE., NW SUITE 851		Transaction ID: SA11B.14819
City WASHINGTON State DC Zip Code 20036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00004275	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN BANKERS ASSOCIATION BANKPAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006
Mailing Address 1120 CONN. AVE., NW SUITE 851		Transaction ID: SA11B.14820
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00004275	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC) (FKA N-CAP)		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006
Mailing Address 600 MARYLAND AVENUE SW SUITE 100W		Transaction ID: SA11B.14782
City WASHINGTON State DC Zip Code 20024	FEC ID number of contributing federal political committee. C C00017525	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Auction Market PAC Of The Chicago Board Of Trade		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006
Mailing Address 141 W Jackson Blvd.		Transaction ID: SA11B.14784
City Chicago State IL Zip Code 60604	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006
Mailing Address 100 INDIANA AVENUE NW		Transaction ID: SA11B.14810
City WASHINGTON State DC Zip Code 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C70001516	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4000.00	

Full Name (Last, First, Middle Initial) B. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006
Mailing Address 805 15TH STREET NW SUITE 300		Transaction ID: SA11B.14846
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00007880	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	10000.00	

Full Name (Last, First, Middle Initial) C. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 8400 WESTPARK DRIVE		Transaction ID: SA11B.14768
City MCLEAN State VA Zip Code 22102	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00040998	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECCAC)		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006
Mailing Address 3 BETHESDA METRO CENTER SUITE 1100		Transaction ID: SA11B.14789
City	State	Zip Code
BETHESDA	MD	20814
FEC ID number of contributing federal political committee. C C00113811		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. FEDERAL HOME LOAN MORTGAGE CORPORATION POLITICAL ACTION COMMITTEE AKA FRED		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006
Mailing Address 8200 JONES BRANCH DRIVE		Transaction ID: SA11B.14793
City	State	Zip Code
MCLEAN	VA	22102
FEC ID number of contributing federal political committee. C C00404129		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006
Mailing Address 1125 15TH ST N.W.		Transaction ID: SA11B.14809
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee. C C00027342		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 905 16TH STREET, N.W.		Transaction ID: SA11B.14777
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00007922	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8000.00	

Full Name (Last, First, Middle Initial) B. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address One Madison Avenue		Transaction ID: SA11B.14788
City New York State NY Zip Code 10010	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040923	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 2901 TELESTAR COURT		Transaction ID: SA11B.14790
City FALLS CHURCH State VA Zip Code 22042	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00005249	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006
Mailing Address 2901 TELESTAR COURT		Transaction ID: SA11B.14865
City FALLS CHURCH State VA Zip Code 22042	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00005249	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL POSTAL MAIL HANDLERS UNION PAC - DIV OF LABORERS' INT'L UNION OF NO AMER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 905 16th Street NW Second Floor		Transaction ID: SA11B.14769
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00345306	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. NEW YORK BUILDING CONGRESS INC PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 44 WEST 28TH STREET 12TH FLOOR		Transaction ID: SA11B.14771
City NEW YORK State NY Zip Code 10001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00319962	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 1900 K STREET NW		Transaction ID: SA11B.14778
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00107235	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 430 NORTH MICHIGAN AVE		Transaction ID: SA11B.14770
City CHICAGO State IL Zip Code 60611	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00030718	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) C. SECURITIES INDUSTRY ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 1401 EYE STREET NW SUITE 1000		Transaction ID: SA11B.14798
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00067504	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	3000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 48
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 1313 L STREET NW		Transaction ID: SA11B.14872
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00004036	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) B. SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 1313 L STREET NW		Transaction ID: SA11B.14873
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00004036	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. TEACHING HOSPITAL EDUCATION POLITICAL ACTION COMMITTEE (THEPAC)		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 805 15TH STREET NW SUITE 500		Transaction ID: SA11B.14822
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00360792	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 48	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WELLS FARGO EMPLOYEE PAC (FKA NORWEST CORPORATION PAC)

Mailing Address NORWEST CENTER, SIXTH & MARQUETTE
SIXTH AND MARQUETTE

City State Zip Code
MINNEAPOLIS MN 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11B.14755

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)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	33000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 48
	(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)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
43.37

Date of Receipt

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

Transaction ID: SA11C.14714

Amount of Each Receipt this Period
5.28

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

SUBTOTAL of Receipts This Page (optional)	▶	5.28
TOTAL This Period (last page this line number only)	▶	5.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP Tx/Fincl Svc.		Transaction ID: SB17.14742 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 5800 Winward Pkwy		Amount of Each Disbursement this Period 235.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alpharetta State GA Zip Code 30005		
Purpose of Disbursement Tax Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Astoria Graphics Inc.		Transaction ID: SB17.14724 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 225 Varrick Street		Amount of Each Disbursement this Period 1590.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10014		
Purpose of Disbursement Letterhead Stationary Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Astoria Graphics Inc.		Transaction ID: SB17.14725 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 225 Varrick Street		Amount of Each Disbursement this Period 238.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10014		
Purpose of Disbursement Printing cards Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2064.49
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 48

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Astoria Graphics Inc.		Transaction ID: SB17.14868 Date of Disbursement 08 / 23 / 2006
Mailing Address 225 Varrick Street		Amount of Each Disbursement this Period 2400.00
City New York State NY Zip Code 10014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing-postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lenore Blitz		Transaction ID: SB17.14716 Date of Disbursement 08 / 09 / 2006
Mailing Address 235 West 76th Street		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chase Bank		Transaction ID: SB17.14813 Date of Disbursement 07 / 05 / 2006
Mailing Address P.O. Box 15836		Amount of Each Disbursement this Period 64.95
City Willmington State DE Zip Code 19886-5836	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Banked Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2714.95
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chase Bank		Transaction ID: SB17.14695	
Mailing Address P.O. Box 15836		Date of Disbursement 07 / 17 / 2006	
City Willmington	State DE	Zip Code 19886-5836	Amount of Each Disbursement this Period 433.34
Purpose of Disbursement Campaign Expenses		Category/ Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Chase Bank		Transaction ID: SB17.14743	
Mailing Address P.O. Box 15836		Date of Disbursement 08 / 04 / 2006	
City Willmington	State DE	Zip Code 19886-5836	Amount of Each Disbursement this Period 64.95
Purpose of Disbursement Merchant Banked Charge		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Carney Clegg		Transaction ID: SB17.14707	
Mailing Address 11348 Hollowstone Drive		Date of Disbursement 07 / 26 / 2006	
City Noth Bethesda	State MD	Zip Code 20853	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement DC Consultant		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1498.29
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Con Edison Co.		Transaction ID: SB17.14739 Date of Disbursement 07 / 17 / 2006
Mailing Address P.O. Box 1702		Amount of Each Disbursement this Period 199.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Yrok State NY Zip Code 10001	Purpose of Disbursement Utility Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB17.14715 Date of Disbursement 07 / 07 / 2006
Mailing Address 430 SOUTH CAPITOL STREET		Amount of Each Disbursement this Period 5.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement In-kind - Fundraising services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mark Feinberg		Transaction ID: SB17.14694 Date of Disbursement 07 / 16 / 2006
Mailing Address 15-01 Broadway		Amount of Each Disbursement this Period 695.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairlawn State NJ Zip Code 07410	Purpose of Disbursement Accountant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	899.93
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Friends Of Sylvia Freidman		Transaction ID: SB17.14745 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 41 Union Square		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10003	Purpose of Disbursement Donation	
Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. New York Independence Party Of		Transaction ID: SB17.14690 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 225 Broadway, Suite 2010		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
City New York State NY Zip Code 10007	Purpose of Disbursement Donation	
Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jacob Itskowitz		Transaction ID: SB17.14686 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 131 East 92nd Street		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement Campaign Manager	
Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jacob Itskowitz		Transaction ID: SB17.14691 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 131 East 92nd Street		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Manager Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jacob Itskowitz		Transaction ID: SB17.14692 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 131 East 92nd Street		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Manager Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jacob Itskowitz		Transaction ID: SB17.14736 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6
Mailing Address 131 East 92nd Street		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Manager Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jacob Itskowitz		Transaction ID: SB17.14711 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 131 East 92nd Street		Amount of Each Disbursement this Period 1425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement Campaign Manager Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jacob Itskowitz		Transaction ID: SB17.14723 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 131 East 92nd Street		Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement Campaign Manager Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jacob Itskowitz		Transaction ID: SB17.14750 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 131 East 92nd Street		Amount of Each Disbursement this Period 1642.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement Campaign Manager Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4317.77
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. KELLAM FOR CONGRESS Full Name (Last, First, Middle Initial) KELLAM FOR CONGRESS Mailing Address PO Box 56254 PO BOX 56254 City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14757 Date of Disbursement 08 / 17 / 2006 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. KELLAM FOR CONGRESS Full Name (Last, First, Middle Initial) KELLAM FOR CONGRESS Mailing Address PO Box 56254 PO BOX 56254 City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement Donation Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14759 Date of Disbursement 08 / 17 / 2006 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Ms Meg La Porte 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14689 Date of Disbursement 07 / 04 / 2006 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms Meg La Porte		Transaction ID: SB17.14710 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 108 East 82n Strret		Amount of Each Disbursement this Period 1515.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128	Purpose of Disbursement NY Financial Helper Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Arthur Leopold		Transaction ID: SB17.14748 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 245 East 58th Street		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
City New York State NY Zip Code 10022	Purpose of Disbursement Campaign Helper Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. List America		Transaction ID: SB17.14730 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 5151 Wisconsin Avenue NW		Amount of Each Disbursement this Period 888.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016	Purpose of Disbursement List Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3403.50
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

Full Name (Last, First, Middle Initial) A. Attorney Lowenstein Sadler PC		Transaction ID: SB17.14701 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 251 Avenue Of The Americas		Amount of Each Disbursement this Period 945.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10020		
Purpose of Disbursement Legal Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Group Inc. Manhattan Newspaper		Transaction ID: SB17.14696 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 63 West 38th Street		Amount of Each Disbursement this Period 345.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10018		
Purpose of Disbursement Ad Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Group Inc. Manhattan Newspaper		Transaction ID: SB17.14713 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 63 West 38th Street		Amount of Each Disbursement this Period 345.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10018		
Purpose of Disbursement Ad Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1635.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) and Co. N.G. Slater Mailing Address 42 West 38th Street City New York State NY Zip Code 10018 Purpose of Disbursement Buttons Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14875 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 1103.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Nina Neivens Mailing Address 24 East 93rd Street City New York State NY Zip Code 10028 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14765 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) O.S. Consulting Inc. Mailing Address 111 Macy Road City Briarcliff Manor State NY Zip Code 10510 Purpose of Disbursement Computer Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14702 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	4333.43
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cash Petty		Transaction ID: SB17.14693	
Mailing Address 24 East 93rd St.		Date of Disbursement 07 / 12 / 2006	
City New York	State NY	Zip Code 10128	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Travel, food expenses		Category/ Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006	
State: District:			

Full Name (Last, First, Middle Initial) B. Cash Petty		Transaction ID: SB17.14712	
Mailing Address 24 East 93rd St.		Date of Disbursement 08 / 11 / 2006	
City New York	State NY	Zip Code 10128	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Food for Volunteers		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006	
State: District:			

Full Name (Last, First, Middle Initial) C. Brice Peyre		Transaction ID: SB17.14753	
Mailing Address 30 east 96th Street		Date of Disbursement 08 / 18 / 2006	
City New York	State NY	Zip Code 10028	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Consultant		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	750.00
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)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Queens Gazette		Transaction ID: SB17.14703 Date of Disbursement 07 / 12 / 2006
Mailing Address 42-16 34th Avenue		Amount of Each Disbursement this Period 155.00
City Long Island City State NY Zip Code 11101	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. RANGEL FOR CONGRESS		Transaction ID: SB17.14721 Date of Disbursement 08 / 09 / 2006
Mailing Address PO Box 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10027	Purpose of Disbursement Donation Candidate Name Category/Type 012	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Jacqui Samuels		Transaction ID: SB17.14685 Date of Disbursement 07 / 01 / 2006
Mailing Address 101 West 80th St #10B		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10024	Purpose of Disbursement NY Financial Director Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5405.00
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:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Jacqu Samuels Full Name (Last, First, Middle Initial) Mailing Address 101 West 80th St #10B City New York State NY Zip Code 10024 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14709 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period: 5113.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mr. Carl Silverberg Full Name (Last, First, Middle Initial) Mailing Address 4466 Tindell Street NW City Washington State DC Zip Code 20016 Purpose of Disbursement DC Financial Director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14763 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period: 5633.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

C. Starcraft Press Inc. Full Name (Last, First, Middle Initial) Mailing Address 21-35 44th Road City Long Island City State NY Zip Code 11101 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14747 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period: 720.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	11466.69
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

Full Name (Last, First, Middle Initial) A. Fund State Insurance		Transaction ID: SB17.14815 Date of Disbursement
Mailing Address 199 Church Street		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City New York	State NY	Zip Code 10007
Purpose of Disbursement Workers Comp.	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="293.49"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. T. Mobile		Transaction ID: SB17.14741 Date of Disbursement
Mailing Address P.O. Box 742596		<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Cincinnati	State OH	Zip Code 45274
Purpose of Disbursement Cell	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="113.79"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. T. Mobile		Transaction ID: SB17.14729 Date of Disbursement
Mailing Address P.O. Box 742596		<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Cincinnati	State OH	Zip Code 45274
Purpose of Disbursement Cell Phone	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="115.45"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="522.73"/>
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

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: SB17.14699 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 9227		Amount of Each Disbursement this Period 219.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Uniondale State NY Zip Code 11555		
Purpose of Disbursement Modem Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Transaction ID: SB17.14732 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 9227		Amount of Each Disbursement this Period 219.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Uniondale State NY Zip Code 11555		
Purpose of Disbursement Cable Modem Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Post Office		Transaction ID: SB17.14688 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address G.O.P. Box		Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10001		
Purpose of Disbursement Postage Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	829.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Post Office		Transaction ID: SB17.14706 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address G.O.P. Box		Amount of Each Disbursement this Period 160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10001	Purpose of Disbursement Permit Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Co.		Transaction ID: SB17.14697 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 145.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Phone Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Co.		Transaction ID: SB17.14698 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 326.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	632.20
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Co.		Transaction ID: SB17.14700 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 119.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Mobile Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Co.		Transaction ID: SB17.14726 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 223.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Phone Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Co.		Transaction ID: SB17.14727 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 339.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Phone Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	681.77
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Co.		Transaction ID: SB17.14728 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 139.48	
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement DC-FR Phone Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Village/Downtown		Transaction ID: SB17.14704 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Mailing Address 80 Eighth Avenue		Amount of Each Disbursement this Period 150.00	
City New York State NY Zip Code 10011	Purpose of Disbursement Ad Candidate Name	Category/Type 004 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Village Independent Democrats		Transaction ID: SB17.14705 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Mailing Address 736 Broadway		Amount of Each Disbursement this Period 250.00	
City New York State NY Zip Code 10003	Purpose of Disbursement Ad Candidate Name	Category/Type 004 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	539.48
TOTAL This Period (last page this line number only) ▶	54195.03

**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 / 48

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Refused check

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20B.16059

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2006

Amount of Each Disbursement this Period

10000.00

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

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

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)

PAGE 48 / 48

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB21.14760 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Unlimited Transfer to a National Party	Amount of Each Disbursement this Period <input type="text" value="20000.00"/>
Candidate Name	<input type="text" value="012"/> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB21.14761 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Unlimited Transfer to a National Party	Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name	<input type="text" value="012"/> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB21.16058 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Unlimited Transfer to a National Party	Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name	<input type="text"/> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="40000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="40000.00"/>