

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Empty box for additional information.

MALONEY FOR CONGRESS

ADDRESS (number and street)

49 EAST 92ND STREET

Check box for address difference.

Check if different than previously reported. (ACC)

NEW YORK

NY

10128

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00273169

3. IS THIS REPORT

X

NEW (N)

OR

Empty box

AMENDED (A)

STATE DISTRICT

NY

14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

Empty box

April 15 Quarterly Report (Q1)

Empty box

July 15 Quarterly Report (Q2)

Empty box

October 15 Quarterly Report (Q3)

Empty box

January 31 Year-End Report (YE)

Empty box

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Empty box

Primary (12P)

X

General (12G)

Empty box

Runoff (12R)

Empty box

Convention (12C)

Empty box

Special (12S)

Election on

11

04

2008

in the State of

NY

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

Empty box

General (30G)

Empty box

Runoff (30R)

Empty box

Special (30S)

Election on

Empty box

Empty box

Empty box

in the State of

Empty box

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Clifton Maloney

Signature of Treasurer

Electronically Filed by Clifton Maloney

Date

10

22

2008

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MALONEY FOR CONGRESS

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	9289.90	1517589.35
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	8100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9289.90	1509489.35
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	23162.24	924135.39
(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)).....	23162.24	924135.39
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1061707.52</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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

Write or Type Committee Name  
MALONEY FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

**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).....

3289.90

844015.61

(ii) Unitemized.....

0.00

26767.31

(iii) TOTAL of contributions

3289.90

870782.92

from individuals..... ▶

0.00

1000.00

(b) Political Party Committees.....

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

6000.00

645806.43

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

9289.90

1517589.35

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

17992.46

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

9289.90

1535581.81

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	23162.24	924135.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	2000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	5600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8100.00
21. OTHER DISBURSEMENTS.....	25000.00	266750.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>48162.24</b>	<b>1200985.39</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1100579.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	9289.90
25. SUBTOTAL (add Line 23 and Line 24).....	1109869.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48162.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1061707.52

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 18  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

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

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

Mailing Address 513 7th Street N.E.

City Washington State DC Zip Code 20002-5225

FEC ID number of contributing federal political committee. C

Name of Employer NCB Capital Impact Occupation Chief Operating Officer

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.20018

Amount of Each Receipt this Period 250.00

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

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

Mailing Address 135 East 54th Street

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Investor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.20020

Amount of Each Receipt this Period 2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Stuart C. Weissler

Mailing Address 315 Avenue C

City New York State NY Zip Code 10009

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.20025

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

A.

Full Name (Last, First, Middle Initial) Stuart C. Weissler		Date of Receipt	
Mailing Address 315 Avenue C		M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8	
City	State	Zip Code	Transaction ID: SA11AI.20035
New York	NY	10009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	489.90
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		739.90	

SUBTOTAL of Receipts This Page (optional) .....	489.90
TOTAL This Period (last page this line number only) .....	3289.90

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

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

FOR LINE NUMBER: PAGE 7 / 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC  
 Mailing Address WORLDWIDE HEADQUARTERS  
 City State Zip Code  
 COLUMBUS GA 31999  
 FEC ID number of contributing federal political committee. **C** C00034157  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 4000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 8  
**Transaction ID:** SA11C.20022  
 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)  
CREDIT SUISSE FIRST BOSTON CORPORATION GOV'T ACTION FUND  
 Mailing Address 1155 21ST STREET NW SUITE 300  
 City State Zip Code  
 WASHINGTON DC 20036  
 FEC ID number of contributing federal political committee. **C** C00111559  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 5000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 8  
**Transaction ID:** SA11C.20023  
 Amount of Each Receipt this Period  
 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I  
 Mailing Address 1900 K STREET NW  
 City State Zip Code  
 WASHINGTON DC 20006  
 FEC ID number of contributing federal political committee. **C** C00107235  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 8000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 8  
**Transaction ID:** SA11C.20017  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

A.

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

Mailing Address 2600 South River Road

City State Zip Code  
Des Plaines IL 60018

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11C.20016

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6000.00



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) E.R. Allegro <hr/> Mailing Address 750 Columbus Avenue <hr/> City New York State NY Zip Code 10025 <hr/> Purpose of Disbursement Campaign Bookkeeping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.20033 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 3000.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Democratic Club Chelsea Reform <hr/> Mailing Address 309 West 20th Street <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 475.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Community Media LIC <hr/> Mailing Address 487 Greenwich Street Suite 6A <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement Ads Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.20004 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 770.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4245.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Ellopia Production Inc.

Mailing Address 25-56 31st Street, Suite 301

City Astoria State NY Zip Code 11102

Purpose of Disbursement  
Ad

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.20001  
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

200.00

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

B.

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

Mailing Address 15-01 Broadway

City Fairlawn State NJ Zip Code 07410

Purpose of Disbursement  
Accountant

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.20005  
Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

225.00

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

C.

Full Name (Last, First, Middle Initial)  
KRYZAN FOR CONGRESS

Mailing Address P.O. Box 317

City Amherst State NY Zip Code 14226

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.20008  
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

1300.00

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

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

1725.00

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

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)  
Ms Meg La Porte

Mailing Address 108 East 82n Strret

City State Zip Code  
New York NY 10128

Purpose of Disbursement  
NY Financial Helper

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.19991  
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

1436.22

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

B.

Full Name (Last, First, Middle Initial)  
Carlos Manzano

Mailing Address 484 West 43rd Stret

City State Zip Code  
New York NY 10036

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.19988  
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)  
MASSA FOR CONGRESS

Mailing Address 59 EAST MARKET STREET SUITE 244

City State Zip Code  
CORNING NY 14830

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 29

Transaction ID: SB17.20012  
Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

2300.00

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

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

3986.22

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 18

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

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

NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

A.

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

Mailing Address 25-38 100th Street

City East Elmhurst State NY Zip Code 11369

Purpose of Disbursement  
Campaign worker

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.19990  
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)  
National Women's Health Network

Mailing Address 514 Tenth Street NW

City Washigton State DC Zip Code 20004

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.19994  
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)  
Our Town

Mailing Address 242 West 30th Street

City New York State NY Zip Code 10001

Purpose of Disbursement  
Ad

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.20028  
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

345.00

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

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

1145.00

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

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)  
PAUL TONKO FOR CONGRESS

Transaction ID: SB17.20006  
Date of Disbursement

Mailing Address 911 Central Avenue  
PO Box 221

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

City Albany State NY Zip Code 12206

Amount of Each Disbursement this Period

1300.00
---------

Purpose of Disbursement  
Donation

012  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Cash Petty

Transaction ID: SB17.20032  
Date of Disbursement

Mailing Address 24 East 93rd St.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	8

City New York State NY Zip Code 10128

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Travel

002  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.20029  
Date of Disbursement

Mailing Address 42-16 34th Avenue

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

City Long Island City State NY Zip Code 11101

Amount of Each Disbursement this Period

155.00
--------

Purpose of Disbursement  
Ad

004  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

1555.00
---------

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Samaritan Village Inc.</p> <p>Mailing Address 138-02 Queens Blvd.</p> <p>City Brianwood State NY Zip Code 11435</p> <p>Purpose of Disbursement Ad Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.19997 <b>Date of Disbursement</b> 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Carl Silverberg</p> <p>Mailing Address 4466 Tindell Street NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement DC Financial Director Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.20003 <b>Date of Disbursement</b> 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 4537.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Stonewall Veterans Assoc.</p> <p>Mailing Address 70-A greenwich Avenue</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Donation Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.20014 <b>Date of Disbursement</b> 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**5037.01**

**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

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)  
The Fund For Park Avenue Inc.

Mailing Address 110 East 42nd Street

City State Zip Code  
New York NY 10017

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

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

State: District:

Transaction ID: SB17.19998  
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)  
Andrew R. Tullouch

Mailing Address 1330 Avenue of the Americas  
21st Floor

City State Zip Code  
New York NY 10019

Purpose of Disbursement  
Travel Campaign Expenses

Candidate Name

002  
Category/  
Type

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

State: District:

Transaction ID: SB17.19992  
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

326.53

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

C.

Full Name (Last, First, Middle Initial)  
Andrew R. Tullouch

Mailing Address 1330 Avenue of the Americas  
21st Floor

City State Zip Code  
New York NY 10019

Purpose of Disbursement  
Campaign Manager-Legal Advisor

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.19993  
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

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

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

1826.53

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

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)  
Andrew R. Tullouch

Mailing Address 1330 Avenue of the Americas  
21st Floor

City New York State NY Zip Code 10019

Purpose of Disbursement  
Campaign Manager-Legal Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.20013  
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

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

B.

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

Mailing Address G.O.P. Box

City New York State NY Zip Code 10001

Purpose of Disbursement  
Postage

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.20024  
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

840.00

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

C.

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

Mailing Address P.O. Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement  
Phone

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.19999  
Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

277.48

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

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

3117.48

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

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

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

NAME OF COMMITTEE (In Full)  
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Women's Forum

Mailing Address 6 East 39th Street

City State Zip Code  
New York NY 10016

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.19989

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

500.00

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

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

500.00

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

23137.24

**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 18 / 18

<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

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)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Transaction ID: SB21.20002

Date of Disbursement

Mailing Address 430 SOUTH CAPITOL STREET

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

City State Zip Code  
WASHINGTON DC 20003

Amount of Each Disbursement this Period

25000.00
----------

Purpose of Disbursement  
Unlimited Transfer to National Party

011  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

25000.00

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

25000.00