

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

MALONEY FOR CONGRESS

ADDRESS (number and street) 49 EAST 92ND STREET

Check if different than previously reported. (ACC)

NEW YORK NY 10128

2. **FEC IDENTIFICATION NUMBER** C00273169

CITY STATE ZIP CODE STATE DISTRICT

NEW YORK NY 10128 NY 14

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

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

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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 Jeanne Waller

Signature of Treasurer Electronically Filed by Jeanne Waller Date 05 24 2011

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

2 / 30

Write or Type Committee Name

MALONEY FOR CONGRESS

Report Covering the Period:

From:

M M 1 1 D D 2 3 Y Y Y Y 2 0 1 0

To:

M M 1 2 D D 3 1 Y Y Y Y 2 0 1 0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	12450.00	3047964.49
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	51580.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12450.00	2996384.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	87611.19	3107573.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8484.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	87611.19	3099089.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	627832.37	
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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

MALONEY FOR CONGRESS

Report Covering the Period: From: To:

I. RECEIPTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2010"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2010"/> (date after general election) through <input type="text" value="12"/> <input type="text" value="31"/> <input type="text" value="2010"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other than Political Committees			
(i) Itemized (Use Schedule A)	<input type="text" value="8800.00"/>	<input type="text" value="2055274.53"/>	<input type="text" value="19450.00"/>
(ii) Unitemized	<input type="text" value="150.00"/>	<input type="text" value="96431.23"/>	<input type="text" value="575.00"/>
(iii) Total of contributions from individuals	<input type="text" value="8950.00"/>	<input type="text" value="2151705.76"/>	<input type="text" value="20025.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="15335.04"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="3500.00"/>	<input type="text" value="880923.69"/>	<input type="text" value="12500.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
12450.00	3047964.49	32525.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	8484.25	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
12936.22	40563.53	12936.22
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
25386.22	3097012.27	45461.22

POST ELECTION DETAILED SUMMARY PAGE

Write or Type Committe Name

MALONEY FOR CONGRESS

Report the covering period

From:

11

23

2010

To:

12

31

2010

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
87611.19	3107573.62	114698.46
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	45080.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	6500.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))		
0.00	51580.00	0.00
21. OTHER DISBURSEMENTS		
0.00	324968.00	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
87611.19	3484121.62	114698.46

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

12450.00	2996384.49	32525.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

87611.19	3099089.37	114698.46
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	690057.34
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	25386.22
25. SUBTOTAL(add Line 23 and Line 24)	715443.56
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	87611.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	627832.37

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 30
(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 Cronson

Mailing Address 50 East 77th

City State Zip Code
New York NY 10075

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

Name of Employer Self-Employed Occupation
Occupation Producer

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: SA11AI.30958

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
George Davidsohn

Mailing Address 9455 Collins Avenue

City State Zip Code
Surfside FL 33154

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

Name of Employer Davidsohn Global Tech, Occupation
Chairman

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: SA11AI.30974

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
George Davidsohn

Mailing Address 9455 Collins Avenue

City State Zip Code
Surfside FL 33154

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

Name of Employer Davidsohn Global Tech, Occupation
Chairman

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: SA11AI.30975

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ► **6800.00**

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 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) William Fischer		Date of Receipt MM / DD / YYYY 12 / 07 / 2010
Mailing Address 50 Jericho Quadrangle		Transaction ID: SA11AI.30957
City Jericho	State NY	Zip Code 11753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Grassi & Co.	Occupation Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Jack J. Grynberg		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 5299 DTC Blvd, Suite 500		Transaction ID: SA11AI.30963
City Greenwood Village	State CO	Zip Code 80111-3321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Grynberg Petroleum Co.	Occupation Owner	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Marjorie Ziegelman		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
Mailing Address 290 West End Avenue		Transaction ID: SA11AI.30961
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2012 <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)	▶	8800.00

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

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

FOR LINE NUMBER: PAGE 9 / 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Mailing Address 6620 W. Broad Street

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11C.30959

Amount of Each Receipt this Period
2500.00

B.

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

Mailing Address 751 Broad Street
3RD FLOOR PRUDENTIAL PLAZA

City Newark State NJ Zip Code 07102

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11C.30964

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 30
	(check only one)	
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Chase Bank		Date of Receipt																				
Mailing Address P.O. Box 15836		<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		3	1		2	0	1	0													
City	State	Zip Code																				
Willmington	DE	19886-5836																				
FEC ID number of contributing federal political committee.		Transaction ID: SA15.31080																				
C		Amount of Each Receipt this Period																				
		12936.22																				
Name of Employer	Occupation	Interst																				
Receipt For: 2010	Election Cycle-to-Date ▼																					
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	12936.22																					

SUBTOTAL of Receipts This Page (optional)	▶	12936.22
TOTAL This Period (last page this line number only)	▶	12936.22

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) American Express Co. Mailing Address P.O.Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Amex Collection Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31022 Date of Disbursement 12 / 01 / 2010	Amount of Each Disbursement this Period 4.95
B.	Full Name (Last, First, Middle Initial) American Express Co. Mailing Address P.O.Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement see split Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30965 Date of Disbursement 12 / 06 / 2010	Amount of Each Disbursement this Period 13425.17
C.	Full Name (Last, First, Middle Initial) Citymeals on Wheels Mailing Address 335 Lexington Avenue City New York State NY Zip Code 10017 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30965.4 Date of Disbursement 11 / 24 / 2010	Amount of Each Disbursement this Period 1200.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

13430.12

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W Rio Salado Park Way

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30965.5
Date of Disbursement

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

Amount of Each Disbursement this Period

209.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address PO Box 260

City State Zip Code
Newtonville MA 02460

Purpose of Disbursement
Donation

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30965.9
Date of Disbursement

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

Amount of Each Disbursement this Period

2400.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
The Spoken Hub LLC

Mailing Address 20 West 22nd St

City State Zip Code
new York NY 10010

Purpose of Disbursement
Comp. Equipment/Soft

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30965.13
Date of Disbursement

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

Amount of Each Disbursement this Period

1465.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
The Spoken Hub LLC

Mailing Address 20 West 22nd St

City new York State NY Zip Code 10010

Purpose of Disbursement
Computer Equip/Soft

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30965.18
Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

1320.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30965.20
Date of Disbursement

11 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sardis Restaurant

Mailing Address 234 West 44th Street

City New York State NY Zip Code 10038

Purpose of Disbursement
Holiday Catering Costs for Fundraiser

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30965.23
Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

1250.09

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Sheraton Hotels of New York <hr/> Mailing Address 911 Seventh Avenue <hr/> City New York State NY Zip Code 10019 <hr/> Purpose of Disbursement Fee For Election Party Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30965.24 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2662.73
	[MEMO ITEM]
	Category/Type: 007
B. Full Name (Last, First, Middle Initial) Corner Cafe and Bakery <hr/> Mailing Address 1651 Third Avenue <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement Catering Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30965.27 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 269.11
	[MEMO ITEM]
	Category/Type: 004
C. Full Name (Last, First, Middle Initial) Federal Express Co. <hr/> Mailing Address 1475 Boettler Road <hr/> City Uniontown State OH Zip Code 44685 <hr/> Purpose of Disbursement Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30965.29 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 226.73
	[MEMO ITEM]
	Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) American Express Co. Mailing Address P.O.Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Amex Collection Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30966 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 4.95 Category/Type
B.	Full Name (Last, First, Middle Initial) Broadway Inbound New York Mailing Address 330 West 42nd Street City New York State NY Zip Code 10036 Purpose of Disbursement Holiday Fundraiser Events-tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30979 Date of Disbursement 11 / 30 / 2010 Amount of Each Disbursement this Period 6747.50 Category/Type 003
C.	Full Name (Last, First, Middle Initial) Carl Silverberg Association Mailing Address 820 North Carolina Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement DC Financial Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31031 Date of Disbursement 12 / 31 / 2010 Amount of Each Disbursement this Period 10000.00 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

16752.45

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Community Media LIC <hr/> Mailing Address 487 Greenwich Street Suite 6A <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31001 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 450.00
	Category/Type 004
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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 Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31002 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 450.00
	Category/Type 004
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Darrison Barrett & Association LLC <hr/> Mailing Address 120 Broadway <hr/> City New York State NY Zip Code 10271 <hr/> Purpose of Disbursement New York Financial Consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30982 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/Type 003
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5900.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Darrison Barrett & Association LLC

Mailing Address 120 Broadway

City State Zip Code
New York NY 10271

Purpose of Disbursement
New York Financial Consultant

Candidate Name

003
Category/
Type

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

Transaction ID: SB17.31012
Date of Disbursement

12 / 12 / 2010

Amount of Each Disbursement this Period

6500.00

B. Full Name (Last, First, Middle Initial)
Darrison Barrett & Association LLC

Mailing Address 120 Broadway

City State Zip Code
New York NY 10271

Purpose of Disbursement
New York Financial Consultant

Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.31017
Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

5084.20

C. Full Name (Last, First, Middle Initial)
Elopa Media Group

Mailing Address 34-12 36th St.

City State Zip Code
Astoria NY 11106

Purpose of Disbursement
Ads

Candidate Name

004
Category/
Type

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

Transaction ID: SB17.30986
Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional)

12884.20

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)

<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)
Empire State Pride Agenda Foundation

Mailing Address 1 West 22nd Street

City New York State NY Zip Code 10010

Purpose of Disbursement
Ticket

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.31006
Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

300.00

B. Full Name (Last, First, Middle Initial)
Federal Campaign Fund

Mailing Address 2 Park Avenue

City New York State NY Zip Code 10002

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.31009
Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Judy's Plant World

Mailing Address 1410 Lexington Avenue

City New York State NY Zip Code 10028

Purpose of Disbursement
Party Fee

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.31011
Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

790.00

SUBTOTAL of Disbursements This Page (optional) ▶

1590.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 30

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Donna Kobierecki Mailing Address 197 East 7th St City New York State NY Zip Code 10009 Purpose of Disbursement Theater-Party Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31013 Date of Disbursement 12 / 10 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type 003
B.	Full Name (Last, First, Middle Initial) Robert Kobiererecki Mailing Address 197 East 7th Street City New York State NY Zip Code 10001 Purpose of Disbursement Party Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31019 Date of Disbursement 12 / 17 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type 003
C.	Full Name (Last, First, Middle Initial) Liberty Concepts Mailing Address 119 Braintree Street City Allston State MD Zip Code 02134 Purpose of Disbursement Wesite Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30999 Date of Disbursement 12 / 07 / 2010 Amount of Each Disbursement this Period 1000.00 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Transaction ID: SB17.30998
Date of Disbursement

Mailing Address 25-38 100th Street

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

City East Elmhurst State NY Zip Code 11369

Amount of Each Disbursement this Period

2198.00

Purpose of Disbursement
Campaign Office Manager/ Compliance
Candidate Name

001
Category/ Type

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

B.

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

Transaction ID: SB17.31021
Date of Disbursement

Mailing Address 25-38 100th Street

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

City East Elmhurst State NY Zip Code 11369

Amount of Each Disbursement this Period

183.27

Purpose of Disbursement
Transportation reimbursement
Candidate Name

002
Category/ Type

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

C.

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

Transaction ID: SB17.31040
Date of Disbursement

Mailing Address 242 West 30th Street

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

City New York State NY Zip Code 10001

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
Ad
Candidate Name

004
Category/ Type

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

SUBTOTAL of Disbursements This Page (optional)

2831.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Paychex Payroll Mailing Address 135 Chestnut Ridge Road City New Jersey State NJ Zip Code 07645 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31023 Date of Disbursement 12 / 08 / 2010 Amount of Each Disbursement this Period 9428.75 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) James Ansorte Mailing Address 112 East 83rd Street City New York State NY Zip Code 10028 Purpose of Disbursement NY Finacial Director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31023.0 Date of Disbursement 12 / 08 / 2010 Amount of Each Disbursement this Period 2877.94 001 Category/ Type [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Garner Shelby Mailing Address 1510 Albermarle Road City Brooklyn State NY Zip Code 11226 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31023.1 Date of Disbursement 12 / 08 / 2010 Amount of Each Disbursement this Period 1718.09 001 Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	9428.75
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Mailing Address 25-38 100th Street

City East Elmhurst State NY Zip Code 11369

Purpose of Disbursement Campaign Office Manager/ Compliance
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.31023.2
Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

3041.44

[MEMO ITEM]

B.

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

Mailing Address 750 Columbus Avenue

City New York State NY Zip Code 10025

Purpose of Disbursement Books-Compliance
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.31023.3
Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

1791.28

[MEMO ITEM]

C.

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

Mailing Address 135 Chestnut Ridge Road

City New Jersey State NJ Zip Code 07645

Purpose of Disbursement Payroll
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.30972
Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

9428.75

SUBTOTAL of Disbursements This Page (optional)

9428.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Mailing Address 750 Columbus Avenue

City State Zip Code
New York NY 10025

Purpose of Disbursement
Books-Compliance
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.30972.0
Date of Disbursement

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

Amount of Each Disbursement this Period

1791.28

[MEMO ITEM]

B.

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

Mailing Address 112 East 83rd Street

City State Zip Code
New York NY 10028

Purpose of Disbursement
NY Financial Director
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.30972.1
Date of Disbursement

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

Amount of Each Disbursement this Period

2877.94

[MEMO ITEM]

C.

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

Mailing Address 1510 Albermarle Road

City State Zip Code
Brooklyn NY 11226

Purpose of Disbursement
NY Financial Helper
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.30972.2
Date of Disbursement

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

Amount of Each Disbursement this Period

1718.09

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

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 Office Manager/ompliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30972.3 Date of Disbursement 12 / 31 / 2010 Amount of Each Disbursement this Period 3041.44 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Paychex TPS Taxes Mailing Address 135 Chestnut Ridge Road City New Jersey State NJ Zip Code 07645 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31024 Date of Disbursement 12 / 08 / 2010 Amount of Each Disbursement this Period 4383.57
C.	Full Name (Last, First, Middle Initial) Paychex TPS Taxes Mailing Address 135 Chestnut Ridge Road City New Jersey State NJ Zip Code 07645 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30973 Date of Disbursement 12 / 31 / 2010 Amount of Each Disbursement this Period 4383.57

SUBTOTAL of Disbursements This Page (optional) ▶

8767.14

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 25 / 30

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

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

Mailing Address 42-16 34th Avenue

City Long Island City State NY Zip Code 11101

Purpose of Disbursement
Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30992
Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

155.00

B.

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

Mailing Address 174-15 Horace Expressway

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement
Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30989
Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

254.00

C.

Full Name (Last, First, Middle Initial)
Roni Bettesh- Car Service

Mailing Address 2416 East 70th Street

City Brooklyn State NY Zip Code 11234

Purpose of Disbursement
Transportation

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.30993
Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

371.00

SUBTOTAL of Disbursements This Page (optional) ▶

780.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Anastasia D. Skelton

Transaction ID: SB17.31000
Date of Disbursement

Mailing Address 4490 Merrick Road

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

City State Zip Code
Masspegua NY 11758

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Campaign Office Helper

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.30980
Date of Disbursement

Mailing Address P.O. Box 182378

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

City State Zip Code
Columbus OH 43216

Amount of Each Disbursement this Period

752.62

Purpose of Disbursement
office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.31004
Date of Disbursement

Mailing Address P.O. Box 182378

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

City State Zip Code
Columbus OH 43216

Amount of Each Disbursement this Period

550.00

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1802.62

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Suntrust Merchant Services

Transaction ID: SB17.30969

Date of Disbursement

Mailing Address PO Box 6600

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

City Hagerstown State MD Zip Code 21740

Amount of Each Disbursement this Period

67.86

Purpose of Disbursement
Merchnt Fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Suntrust Merchant Services

Transaction ID: SB17.30970

Date of Disbursement

Mailing Address PO Box 6600

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

City Hagerstown State MD Zip Code 21740

Amount of Each Disbursement this Period

3.73

Purpose of Disbursement
Merchnt Interching

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Suntrust Merchant Services

Transaction ID: SB17.30971

Date of Disbursement

Mailing Address PO Box 6600

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

City Hagerstown State MD Zip Code 21740

Amount of Each Disbursement this Period

2.04

Purpose of Disbursement
Merchnt Discount

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

73.63

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 30

<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) Suntrust Merchant Services Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31025 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">67.88</td> </tr> </table> 001 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	1	0	67.88
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	3		2	0	1	0														
67.88																							
B.	Full Name (Last, First, Middle Initial) Suntrust Merchant Services Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchnt Discount Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31026 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">5.77</td> </tr> </table> 001 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	1	0	5.77
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	3		2	0	1	0														
5.77																							
C.	Full Name (Last, First, Middle Initial) Town & Village Mailing Address 662 Main Street City New Rochelle State NY Zip Code 10801 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30990 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">120.00</td> </tr> </table> 004 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	1	0	120.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	7		2	0	1	0														
120.00																							

SUBTOTAL of Disbursements This Page (optional) ▶

193.65

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MALONEY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Co. Mailing Address P.O. Box 15124 City Albany State NY Zip Code 12212-5124 Purpose of Disbursement Utility Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31003 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 290.40 001 Category/ Type
B.	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 Utility Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.31005 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 229.23 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Wheelchair Charities Inc. Mailing Address 82-10 35th Avenue City Jackson Heights State NY Zip Code 11378 Purpose of Disbursement Journal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30981 Date of Disbursement 11 / 30 / 2010 Amount of Each Disbursement this Period 250.00 004 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

769.63

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 30

<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)
Woodside Herald

Mailing Address 43-11 Greenpoint Avenue

City State Zip Code
Sunnyside NY 11104

Purpose of Disbursement
Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.30996
Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

140.00

SUBTOTAL of Disbursements This Page (optional)

140.00

TOTAL This Period (last page this line number only)

86372.21