

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
JOE MALONE FOR CONGRESS

ADDRESS (number and street) 142 JERICHO ROAD
 Check if different than previously reported. (ACC)
SCITUATE MA 02066

2. **FEC IDENTIFICATION NUMBER** C00478495
CITY STATE ZIP CODE STATE DISTRICT
MA 10
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 10 01 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 Christopher David Sheldon

Signature of Treasurer Electronically Filed by Christopher David Sheldon Date 05 19 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 / 26

Write or Type Committee Name

JOE MALONE FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

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)).....	4255.00	458409.50
(b) Total Contribution Refunds (from Line 20(d)).....	7950.00	8200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-3695.00	450209.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	6975.70	450738.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	303.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6975.70	450435.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-226.32	
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).....	67815.34	

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
 JOE MALONE 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="12"/> <input type="text" value="31"/> <input type="text" value="2010"/> (date of general election)	COLUMN C Total for <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2011"/> (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)	3450.00	377344.35	0.00
(ii) Unitemized	805.00	73565.15	0.00
(iii) Total of contributions from individuals	4255.00	450909.50	0.00
(b) Political Party Committees	0.00	0.00	0.00
(c) Other Political Committees	0.00	7500.00	0.00

**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))		
4255.00	458409.50	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	3783.89	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	3783.89	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	303.14	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
4255.00	462496.53	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Write or Type Committe Name

JOE MALONE FOR CONGRESS

Report the covering period

From:

MM 10 DD 01 YYYY 2010

To:

MM 12 DD 31 YYYY 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		
6975.70	450738.96	0.00
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	3783.89	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	3783.89	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
7950.00	8200.00	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	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))		
7950.00	8200.00	0.00
21. OTHER DISBURSEMENTS		
0.00	0.00	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
14925.70	462722.85	0.00

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))

-3695.00	450209.50	0.00
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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)

6975.70	450435.82	0.00
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	10444.38
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	4255.00
25. SUBTOTAL(add Line 23 and Line 24)	14699.38
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	14925.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	-226.32

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gerald M. Chisholm

Mailing Address 12 Sedgewick Rd.

City State Zip Code
Scituate MA 02066

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Paper Brokerage

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.4178

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Frederic M. Clifford

Mailing Address P.O. Box 188A

City State Zip Code
Duxbury MA 02331

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation
Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4215

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Lisa Latorre

Mailing Address 20 Orchard Ln.

City State Zip Code
Duxbury MA 02332

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation
Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) 2650.00

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 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Paul A. Loneragan

Mailing Address 212 Upland Rd.

City State Zip Code
Cambridge MA 02140

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

Name of Employer Congress Wealth Management Occupation Wealth Management

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.4185

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Kurt Prouty

Mailing Address 647 Main St.

City State Zip Code
Norwell MA 02061

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

Name of Employer North American Industrial Serv Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.4181

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	3450.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4187</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4188</p> <p>Date of Disbursement 10 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 293.90</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4194</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

303.80

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4195 Date of Disbursement 11 / 05 / 2010 Amount of Each Disbursement this Period 15.20 Category/ Type
B.	Full Name (Last, First, Middle Initial) Elavon Card Services Mailing Address One Concourse Parkway Suite 300 City Atlanta State GA Zip Code 30328 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4186 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 308.51 Category/ Type
C.	Full Name (Last, First, Middle Initial) Elavon Card Services Mailing Address One Concourse Parkway Suite 300 City Atlanta State GA Zip Code 30328 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4193 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 77.10 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	400.81
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)
JOE MALONE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Elavon Card Services	Transaction ID: SB17.4206 Date of Disbursement																			
	Mailing Address One Concourse Parkway Suite 300	<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>2</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		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Fees	<table border="1"><tr><td>75.00</td></tr></table>	75.00																		
75.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Intuit	Transaction ID: SB17.4192 Date of Disbursement																			
	Mailing Address 2632 Marine Way MS2700	<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>0</td><td></td><td>2</td><td>5</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	0		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	1	0												
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Software Subscription	<table border="1"><tr><td>37.13</td></tr></table>	37.13																		
37.13																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Intuit	Transaction ID: SB17.4203 Date of Disbursement																			
	Mailing Address 2632 Marine Way MS2700	<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>1</td><td></td><td>2</td><td>3</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	1		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	1	0												
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Software Subscription	<table border="1"><tr><td>37.13</td></tr></table>	37.13																		
37.13																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>149.26</td></tr></table>	149.26
149.26		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
JOE MALONE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Intuit Mailing Address 2632 Marine Way MS2700 City Mountain View State CA Zip Code 94039 Purpose of Disbursement Software Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period 37.13
B.	Full Name (Last, First, Middle Initial) MDS / Mr. D's Enterprises Mailing Address 1195 Bedford Street, Unit A City Abington State MA Zip Code 02351 Purpose of Disbursement Printing Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4190 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0 Amount of Each Disbursement this Period 900.00
C.	Full Name (Last, First, Middle Initial) MDS / Mr. D's Enterprises Mailing Address 1195 Bedford Street, Unit A City Abington State MA Zip Code 02351 Purpose of Disbursement Printing Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4196 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0 Amount of Each Disbursement this Period 700.00

SUBTOTAL of Disbursements This Page (optional) ▶

1637.13

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)
JOE MALONE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) MDS / Mr. D's Enterprises Mailing Address 1195 Bedford Street, Unit A City Abington State MA Zip Code 02351 Purpose of Disbursement Printing Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4205 Date of Disbursement 11 / 30 / 2010 Amount of Each Disbursement this Period 1200.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Rockland Trust Mailing Address 77 Front Street City Scituate State MA Zip Code 02066 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4189 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 9.10 Category/ Type
C.	Full Name (Last, First, Middle Initial) Rockland Trust Mailing Address 77 Front Street City Scituate State MA Zip Code 02066 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4209 Date of Disbursement 12 / 31 / 2010 Amount of Each Disbursement this Period 40.80 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1249.90
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
JOE MALONE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Christopher David Sheldon Mailing Address 20 Roosevelt Avenue City Hull State MA Zip Code 02045 Purpose of Disbursement Contract Employee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4197 Date of Disbursement 11 / 10 / 2010 Amount of Each Disbursement this Period 250.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) The Preston Group Mailing Address 25 Tuttle Ave. City Hampton State NH Zip Code 03842 Purpose of Disbursement Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4191 Date of Disbursement 10 / 19 / 2010 Amount of Each Disbursement this Period 900.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) The Preston Group Mailing Address 25 Tuttle Ave. City Hampton State NH Zip Code 03842 Purpose of Disbursement Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4202 Date of Disbursement 11 / 16 / 2010 Amount of Each Disbursement this Period 700.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
The Preston Group

Mailing Address 25 Tuttle Ave.

City Hampton State NH Zip Code 03842

Purpose of Disbursement
Political Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4207

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		0	6		2	0	1	0

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional) ►

1200.00

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

6790.90

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

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NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) John T. Hailer <hr/> Mailing Address 51 Commonwealth Ave. <hr/> City Boston State MA Zip Code 02116 <hr/> Purpose of Disbursement General Election Refund Candidate Name <hr/> 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: SB20A.4200 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Norman Knight <hr/> Mailing Address 63 Bay State Rd. <hr/> City Boston State MA Zip Code 02215 <hr/> Purpose of Disbursement General Election Refund Candidate Name <hr/> 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: SB20A.4211 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2400.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kevin Landry <hr/> Mailing Address 250 Boylston St., Ste 6 <hr/> City Boston State MA Zip Code 02116 <hr/> Purpose of Disbursement General Election Refund Candidate Name <hr/> 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: SB20A.4201 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2400.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5300.00

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 17 / 26

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

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NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A.

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

Mailing Address 125 Summer St.

City Boston State MA Zip Code 02110

Purpose of Disbursement
General Election Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20A.4199

Date of Disbursement

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

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) ►

2400.00

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

7700.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Badge-A-Minit			Nature of Debt (Purpose): Promotional Materials
Mailing Address 345 N. Lewis Ave.			
City Oglesby	State IL	ZIP Code 61348	

Outstanding Balance Beginning This Period 131.68		Transaction ID: SD10.4153	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 131.68	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Internet Services
Mailing Address P.O. Box 1577			
City Newark	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period 182.84		Transaction ID: SD10.4155	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 182.84	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Customer Contact Solutions, LLC			Nature of Debt (Purpose): Robocall Services
Mailing Address 2 Wells Ave.			
City Newton	State MA	ZIP Code 02459	

Outstanding Balance Beginning This Period 3624.40		Transaction ID: SD10.4156	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3624.40	

1) SUBTOTALS This Period This Page (optional).....	3938.92
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robin Donahue			Nature of Debt (Purpose): Contract Employee
Mailing Address 100 Pond Street #14			
City Cohasset	State MA	ZIP Code 02025	

Outstanding Balance Beginning This Period <input type="text" value="560.00"/>		Transaction ID: SD10.4168	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="560.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Diane Warren Flynn			Nature of Debt (Purpose): Contract Employee
Mailing Address 77 Bue Heron Way			
City Green Harbor	State MA	ZIP Code 02041	

Outstanding Balance Beginning This Period <input type="text" value="1400.00"/>		Transaction ID: SD10.4157	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1400.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frank Ciota Productions			Nature of Debt (Purpose): Photography Services
Mailing Address 1 Seal Harbor Road, #611			
City Winthrop	State MA	ZIP Code 02152	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: SD10.4159	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2960.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor J.T.L. Cleaning Services			Nature of Debt (Purpose): Office Cleaning Services
Mailing Address Longwood Circle			
City Kingston	State MA	ZIP Code 02364	

Outstanding Balance Beginning This Period 165.00		Transaction ID: SD10.4160	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 165.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kenneth Berman Photography			Nature of Debt (Purpose): Photography Services - Special Event
Mailing Address 36 South Main Street			
City Sharon	State MA	ZIP Code 02067	

Outstanding Balance Beginning This Period 375.00		Transaction ID: SD10.4162	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 375.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Edward J. Langill, III			Nature of Debt (Purpose): Contract Employee
Mailing Address 235 Peach St.			
City Braintree	State MA	ZIP Code 02184	

Outstanding Balance Beginning This Period 2000.00		Transaction ID: SD10.4158	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00	

1) SUBTOTALS This Period This Page (optional).....	2540.00
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Karen Leaver			Nature of Debt (Purpose): Contract Employee
Mailing Address 52 Scituate Ave.			
City Scituate	State MA	ZIP Code 02066	

Outstanding Balance Beginning This Period 560.00		Transaction ID: SD10.4161	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 560.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marshfield High School - QUIP			Nature of Debt (Purpose): Promotional Materials
Mailing Address 89 Forest St.			
City Marshfield	State MA	ZIP Code 02050	

Outstanding Balance Beginning This Period 225.00		Transaction ID: SD10.4163	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 225.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor McLaughlin & Associates			Nature of Debt (Purpose): Consulting Services
Mailing Address 566 South Route 303			
City Blauvelt	State NY	ZIP Code 10913	

Outstanding Balance Beginning This Period 25111.00		Transaction ID: SD10.4164	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25111.00	

1) SUBTOTALS This Period This Page (optional).....	25896.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS / Mr. D's Enterprises			Nature of Debt (Purpose): Printing Services
Mailing Address 1195 Bedford Street, Unit A			
City Abington	State MA	ZIP Code 02351	

Outstanding Balance Beginning This Period <input type="text" value="6047.31"/>		Transaction ID: SD10.4165	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6047.31"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Muzi Ford Rentals			Nature of Debt (Purpose): Car Rental
Mailing Address 557 Highland Avenue			
City Needham	State MA	ZIP Code 02494	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: SD10.4166	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RM Systems			Nature of Debt (Purpose): Phone Survey
Mailing Address P.O. Box 6			
City Rockland	State MA	ZIP Code 02370	

Outstanding Balance Beginning This Period <input type="text" value="133.00"/>		Transaction ID: SD10.4167	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="133.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7180.31"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 / 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates, Inc.	Nature of Debt (Purpose): Fundraising Costs
Mailing Address 1283 Main Street PO BOX 254	
City State ZIP Code Dublin NH 03444	

Outstanding Balance Beginning This Period 1526.40	Transaction ID: SD10.4169	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1526.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher David Sheldon	Nature of Debt (Purpose): Contract Employee
Mailing Address 20 Roosevelt Avenue	
City State ZIP Code Hull MA 02045	

Outstanding Balance Beginning This Period 750.00	Transaction ID: SD10.4154	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Special FX	Nature of Debt (Purpose): Promotional Material
Mailing Address 22 Industrial Boulevard, Suite A	
City State ZIP Code Hanson MA 02341	

Outstanding Balance Beginning This Period 170.00	Transaction ID: SD10.4170	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 170.00

1) SUBTOTALS This Period This Page (optional).....	▶	2446.40
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Standish Realty			Nature of Debt (Purpose): Office Rent
Mailing Address 243 Church St.			
City Pembroke	State MA	ZIP Code 02359	

Outstanding Balance Beginning This Period <input type="text" value="3524.82"/>		Transaction ID: SD10.4171	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3524.82"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The B Street Band			Nature of Debt (Purpose): Event Entertainment
Mailing Address 1403 Gannet Lane			
City Wall	State NJ	ZIP Code 07719	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>		Transaction ID: SD10.4172	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Preston Group			Nature of Debt (Purpose): Political Consulting
Mailing Address 25 Tuttle Ave.			
City Hampton	State NH	ZIP Code 03842	

Outstanding Balance Beginning This Period <input type="text" value="9700.00"/>		Transaction ID: SD10.4173	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9700.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="16724.82"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Town of Scituate			Nature of Debt (Purpose): Police Detail
Mailing Address 600 CJ Cushing Highway			
City	State	ZIP Code	
Scituate	MA	02066	

Outstanding Balance Beginning This Period		Transaction ID: SD10.7971	
184.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	184.80	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tuesday Associates			Nature of Debt (Purpose): Political Consulting
Mailing Address 42 Capen Street			
City	State	ZIP Code	
Stoughton	MA	02072	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4174	
4000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping Expense
Mailing Address PO Box 650580			
City	State	ZIP Code	
Dalls	TX	75265	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4175	
124.21			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	124.21	

1) SUBTOTALS This Period This Page (optional).....	▶	4124.21
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 / 26	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
 JOE MALONE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Phone Utilities
Mailing Address P.O. Box 1100			
City Albany	State NY	ZIP Code 12250	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4176	
2004.68			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2004.68	

1) SUBTOTALS This Period This Page (optional).....	2004.68
2) TOTALS This Period (last page this line number only).....	67815.34
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	67815.34