

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
NY 14

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 / 06 / 2012 in the State of NY  
(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 / 2012 through 10 / 17 / 2012

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 Melissa Mendez  
Signature of Treasurer Melissa Mendez *[Electronically Filed]* Date 10 / 25 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Maloney for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	36220.00	1687127.39
(b) Total Contribution Refunds (from Line 20(d)) .....	2500.00	18900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	33720.00	1668227.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	65083.97	1571918.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1179.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65083.97	1570738.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	617396.22	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Maloney for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6600.00	200020.00
(ii) Unitemized.....	620.00	8502.00
(iii) TOTAL of contributions from individuals ▶	7220.00	1003339.59
(b) Political Party Committees.....	0.00	367.69
(c) Other Political Committees (such as PACs).....	29000.00	683420.11
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36220.00	1687127.39
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1179.96
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	12936.22
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	36220.00	1701243.57

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65083.97	1571918.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	2500.00	15400.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500.00	18900.00
21. OTHER DISBURSEMENTS .....	0.00	220000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	67583.97	1810818.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	648760.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36220.00
25. SUBTOTAL (add Line 23 and Line 24).....	684980.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67583.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	617396.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Ketan D. Desai**

Mailing Address Best Effort

City State Zip Code  
Best Effort

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

Name of Employer Occupation  
Self-employed Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : C4470343**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian F. Doran**

Mailing Address 2400 Colts Foot Trail

City State Zip Code  
Manasquan NJ 08736

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

Name of Employer Occupation  
Popular Community Bank NY NY Region Executive & Director of Govt Af

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : C4461505**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Swanee Hunt**

Mailing Address 168 Brattle Street

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : C4499834**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Niels A. Lauersen**

Mailing Address 750 Park Avenue  
Apt. 14A

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
GettingPregnantNow.org Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2012

**Transaction ID : C4470184**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Cheryl McKissack Daniel**

Mailing Address 118 Cox Ave

City State Zip Code  
Armonk NY 10504

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

Name of Employer Occupation  
The Mckissack Group President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2012

**Transaction ID : C4470361**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard J. Salem**

Mailing Address 101 E. Kennedy Blvd., Suite 3200

City State Zip Code  
Tampa FL 33602

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

Name of Employer Occupation  
Salem Saxon, P.A. Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2012

**Transaction ID : C449829**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth E. Sherman**

Mailing Address 1203 - 168 Plains Rd. W.,

City Burlington State AA Zip Code 14214

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

Name of Employer self employed Occupation property manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : C4483519**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Russell Simmons**

Mailing Address 512 Fashion Avenue

City New York State NY Zip Code 10018

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

Name of Employer Rush Communications Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2012

**Transaction ID : C4427301**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1500.00

6600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION BANKPAC**

Mailing Address 1120 CONN. AVE., NW SUITE 851

City	State	Zip Code
WASHINGTON	DC	20036

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

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 8500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		17		2012

**Transaction ID : C4490331**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**American College of Nurse/Midwives - Midwife PAC**

Mailing Address American College of Nurse/Midwives  
818 Connecticut Avenue, NW - Suite

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C** C00358812

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
10		17		2012

**Transaction ID : C4499840**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**

Mailing Address 919 Eighteenth Avenue, NW-Suite 30

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C** C00038604

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
10		12		2012

**Transaction ID : C4461523**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 4000.00

\_\_\_\_\_



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BLACKROCK CAPITAL MANAGEMENT INC. POLITICAL ACTION**

Mailing Address 40 East 52nd Street

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C C00479246**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : C4524746**

Amount of Each Receipt this Period  
4500.00

**B.** Full Name (Last, First, Middle Initial)  
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INTL BROTHERHOOD OF TEAMSTERS

Mailing Address 25 Louisiana Ave. NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00032979**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : C4494387**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : C4470273**

Amount of Each Receipt this Period  
2500.00

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

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

12000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Company**

Mailing Address 1299 Pennsylvania Ave NW  
Suite 900W

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : C4470300**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**General Motors Corporation**

Mailing Address General Motors Corporation  
1660 L Stree, NW- Suite 401

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00076810**

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  
 10 / 12 / 2012

**Transaction ID : C4470223**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HSBC NORTH AMERICA POLITICAL ACTION COMMITTEE (H-PAC)**

Mailing Address 2700 Sanders Road

City Prospect Heights State IL Zip Code 60070

FEC ID number of contributing federal political committee. **C C00033423**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : C4524316**

Amount of Each Receipt this Period  
2000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Treasury Employees PAC**

Mailing Address 1750 H Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00107128**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : C4461432**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIA**

Mailing Address 1425 K Street, NW, 7th Floor

City Washington State DC Zip Code 20005-3500

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : C4490336**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**STATE STREET BANK AND TRUST COMPANY VOLUNTARY POLITICAL ACTION COMMITTEE**

Mailing Address P.O. Box 5351

City Boston State MA Zip Code 02206

FEC ID number of contributing federal political committee. **C C00072751**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : C4490917**

Amount of Each Receipt this Period  
1500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**U.S. BANCORP FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00488882

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 Y  
 10 / 17 / 2012

**Transaction ID : C4491062**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

29000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2012
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 0.40 <b>Transaction ID : D338072</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : D340531</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : D342300</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A. Bravo Print & Mail**

Full Name (Last, First, Middle Initial)  
Mailing Address 491a Washington Ave

City Carlstadt State NJ Zip Code 07072

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2012

Amount of Each Disbursement this Period: 1278.65

Transaction ID : D339158

Category/Type: 001

**B. Civitas**

Full Name (Last, First, Middle Initial)  
Mailing Address 1457 Lexington Avenue

City New York State NY Zip Code 10028

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2012

Amount of Each Disbursement this Period: 100.00

Transaction ID : D337293

Category/Type: 012

**c. Community Media LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 515 Canal St, Unit 1C

City New York State NY Zip Code 10013

Purpose of Disbursement Print Ad

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2012

Amount of Each Disbursement this Period: 625.00

Transaction ID : D341095

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 2003.65

**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)		PAGE 15 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A. Community Media LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 515 Canal St, Unit 1C

City New York State NY Zip Code 10013

Purpose of Disbursement Print Ad 004 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 10 / 15 / 2012

Amount of Each Disbursement this Period: 415.00

Transaction ID : D341097

**B. ConEdison Co.**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1702

City New York State NY Zip Code 10001

Purpose of Disbursement Utilities 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 10 / 16 / 2012

Amount of Each Disbursement this Period: 195.38

Transaction ID : D341227

**C. Darrison Barrett & Association LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 120 Broadway Suite 3300

City New York State NY Zip Code 10271

Purpose of Disbursement NY Finance Consultant 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 10 / 01 / 2012

Amount of Each Disbursement this Period: 7500.00

Transaction ID : D333617

**SUBTOTAL** of Disbursements This Page (optional) ..... 8110.38

**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 16 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Deer Park Water</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O Box 856192			Amount of Each Disbursement this Period 52.13 <b>Transaction ID : D339176</b>
City Louisville	State KY	Zip Code 40285	
Purpose of Disbursement Office Water	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Eleanor Roosevelt Legacy Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P.O. Box 20293 Greenly Square Station			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D336221</b>
City New York	State NY	Zip Code 10001	
Purpose of Disbursement Donation	Candidate Name		Category/ Type 012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. EMILY's List</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address Attn.: Ellen Malcolm 1120 Connecticut Ave. NW			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D336214</b>
City Washington	State DC	Zip Code 20036	
Purpose of Disbursement Donation	Candidate Name		Category/ Type 012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2052.13
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Feinberg &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2012</b>
Mailing Address 15-01 Broadway Attn: Mark Feinberg		Amount of Each Disbursement this Period <b>375.00</b> <b>Transaction ID : D337279</b>
City Fair Lawn State NJ Zip Code 07410	Purpose of Disbursement Review/Preparation of Payroll Tax Returns Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Firefighter Realty</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2012</b>
Mailing Address 204 East 23rd		Amount of Each Disbursement this Period <b>355.00</b> <b>Transaction ID : D336641</b>
City New York State NY Zip Code 10010	Purpose of Disbursement Field Office Rent Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sarah Gitlin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address 27 East 93rd street		Amount of Each Disbursement this Period <b>3000.00</b> <b>Transaction ID : D333618</b>
City New York City State NY Zip Code 10128	Purpose of Disbursement Campaign Media Consultant Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3730.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jewish Post</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 31 East 32nd Street 3rd Fl		Amount of Each Disbursement this Period 250.00
City New York	State NY	
Zip Code 10016		
Purpose of Disbursement Print Ad	Category/ Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jewish Press</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 338 3rd Ave		Amount of Each Disbursement this Period 308.00
City Brooklyn	State NY	
Zip Code 11215		
Purpose of Disbursement Print Ad	Category/ Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jewish Voice</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 2154 East 4th Street		Amount of Each Disbursement this Period 250.00
City Bklyn	State NY	
Zip Code 11233		
Purpose of Disbursement Print Ad	Category/ Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	808.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A. Liberty Concepts**

Full Name (Last, First, Middle Initial)  
Mailing Address 119 Braintree St Ste 602

City Boston State MA Zip Code 02134-1660

Purpose of Disbursement Website Maintenance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2012

Amount of Each Disbursement this Period: 300.00

Transaction ID : D339157

Category/Type: 001

**B. Lichten & Bright**

Full Name (Last, First, Middle Initial)  
Mailing Address 475 Park Ave South 17 Floor

City New York State NY Zip Code 10016

Purpose of Disbursement Legal Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2012

Amount of Each Disbursement this Period: 5062.00

Transaction ID : D337287

Category/Type: 001

**C. Manhattan Newspaper Group Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 79 Madison Ave 16th Floor

City New York State NY Zip Code 10016

Purpose of Disbursement Print Ad

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2012

Amount of Each Disbursement this Period: 10000.00

Transaction ID : D337946

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 15362.00

**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 20 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial)  
**A. Media Talent**

Mailing Address 1615 Q Street NW  
Apt. 508

City Washington State DC Zip Code 20009

Purpose of Disbursement Media Consultant Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 16 / 2012

Amount of Each Disbursement this Period 1000.00

Transaction ID : D339165

Full Name (Last, First, Middle Initial)  
**B. Media Talent**

Mailing Address 1615 Q Street NW  
Apt. 508

City Washington State DC Zip Code 20009

Purpose of Disbursement Media Consultant Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 17 / 2012

Amount of Each Disbursement this Period 1000.00

Transaction ID : D340398

Full Name (Last, First, Middle Initial)  
**c. Melissa Mendez**

Mailing Address 25-38 100th St

City East Elmhurst State NY Zip Code 11369

Purpose of Disbursement Campaign Travel Reimbursement Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 15 / 2012

Amount of Each Disbursement this Period 345.41

Transaction ID : D338870

**SUBTOTAL** of Disbursements This Page (optional)..... 2345.41

**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 21 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Melissa Mendez</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address <b>25-38 100th St</b>		Amount of Each Disbursement this Period <b>3243.09</b> <b>Transaction ID : D338871</b>
City <b>East Elmhurst</b>	State <b>NY</b> Zip Code <b>11369</b>	
Purpose of Disbursement <b>Payroll</b>	Category/Type <b>001</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NARAL Pro Chice New York</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address <b>470 Park Avenue South, 7th Floor</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D336224</b>
City <b>New York</b>	State <b>NY</b> Zip Code <b>10016</b>	
Purpose of Disbursement <b>Donation</b>	Category/Type <b>012</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2012</b>
Mailing Address <b>30 Ivy Street S. E.</b>		Amount of Each Disbursement this Period <b>20.00</b> <b>Transaction ID : D341101</b>
City <b>Washigton</b>	State <b>DC</b> Zip Code <b>20003</b>	
Purpose of Disbursement <b>Donation</b>	Category/Type <b>012</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4263.09</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Organization Of Women-Now</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address <b>200 West 72nd Street</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D336226</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10023</b>	Purpose of Disbursement <b>Donation</b> Category/Type <b>012</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>3118.00</b> <b>Transaction ID : D337221</b>
Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms. Nina Neivens</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address <b>24 East 93rd Street</b>		Amount of Each Disbursement this Period <b>3118.00</b> <b>Transaction ID : D337221</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10028</b>	Purpose of Disbursement <b>Campaign Office Rent</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>300.00</b> <b>Transaction ID : D342305</b>
Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. New York Letter Carriers Branch #36</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2012</b>
Mailing Address <b>347 West 41 Street</b>		Amount of Each Disbursement this Period <b>300.00</b> <b>Transaction ID : D342305</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10036</b>	Purpose of Disbursement <b>Tickets for Annual Event</b> Category/Type <b>012</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>4418.00</b>
Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4418.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 1101 15th St, NW Suite 500		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : D339156</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Computer Software Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cash Petty</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 24 East 93rd St.		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D336258</b>
City New York State NY Zip Code 10128	Purpose of Disbursement Food for Volunteers	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Planned Parenthood Action Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address Planned Parenthood Action Fund Margaret Sanger Square-26 Bleecker		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D336223</b>
City New York State NY Zip Code 10012-2413	Purpose of Disbursement Donation	
Candidate Name	Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Queens Chronicle</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 62-33 Woodhaven Blvd.			Amount of Each Disbursement this Period 115.00	
City Rego Park	State NY	Zip Code 11374	Transaction ID : D341082	
Purpose of Disbursement Print Ad		004 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Queens Tribune</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 174-15 Horace Harding Expressway			Amount of Each Disbursement this Period 154.00	
City Fresh Meadows	State NY	Zip Code 11365	Transaction ID : D341089	
Purpose of Disbursement Print Ad		004 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Allegro R.E.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012	
Mailing Address 750 Columbus Avenue			Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10025	Transaction ID : D337239	
Purpose of Disbursement Bookkeeping		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2769.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Allegro R.E.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 12 / 2012</b>
Mailing Address <b>750 Columbus Avenue</b>		Amount of Each Disbursement this Period <b>1500.00</b> <b>Transaction ID : D337241</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10025</b>	Purpose of Disbursement <b>Bookkeeping</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Silverberg Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address <b>110 D Street, SE, Suite 312</b>		Amount of Each Disbursement this Period <b>6000.00</b> <b>Transaction ID : D336228</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>DC Finance Consultant</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Silverberg Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address <b>110 D Street, SE, Suite 312</b>		Amount of Each Disbursement this Period <b>87.70</b> <b>Transaction ID : D336229</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Office Supplies Reimbursements</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7587.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anastasia D. Skelton</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>
Mailing Address <b>4490 Merrick Road</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D333622</b>
City <b>Masspegua</b> State <b>NY</b> Zip Code <b>11758</b>	Purpose of Disbursement <b>Campaign Worker</b> <input type="checkbox"/> 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Staples Co.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2012</b>
Mailing Address <b>P.O. Box 182378</b>		Amount of Each Disbursement this Period <b>556.37</b> <b>Transaction ID : D339175</b>
City <b>Columbus</b> State <b>OH</b> Zip Code <b>43216</b>	Purpose of Disbursement <b>Office Supplies</b> <input type="checkbox"/> 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. The Courier</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2012</b>
Mailing Address <b>38-15 Bell Blvd</b>		Amount of Each Disbursement this Period <b>145.00</b> <b>Transaction ID : D341094</b>
City <b>Bayside</b> State <b>NY</b> Zip Code <b>11361</b>	Purpose of Disbursement <b>Print Ad</b> <input type="checkbox"/> 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1201.37</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

**A. The Fund For Park Avenue Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 110 East 42nd Street

City New York State NY Zip Code 10017

Purpose of Disbursement Donation  
Candidate Name

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

State: District:

Date of Disbursement: 10 / 16 / 2012

Amount of Each Disbursement this Period: 500.00  
Transaction ID : D339192

Category/Type: 012

**B. The Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 42-16 34th Avenue

City Long Island State NY Zip Code 11101

Purpose of Disbursement Print Ad  
Candidate Name

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

State: District:

Date of Disbursement: 10 / 16 / 2012

Amount of Each Disbursement this Period: 155.00  
Transaction ID : D341069

Category/Type: 004

**c. The Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 42-16 34th Avenue

City Long Island State NY Zip Code 11101

Purpose of Disbursement Print Ad  
Candidate Name

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

State: District:

Date of Disbursement: 10 / 15 / 2012

Amount of Each Disbursement this Period: 155.00  
Transaction ID : D341080

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional) ..... 810.00

**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 28 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2012</b>
Mailing Address <b>42-16 34th Avenue</b>		Amount of Each Disbursement this Period <b>155.00</b>
City <b>Long Island</b>	State <b>NY</b>	Zip Code <b>11101</b>
Purpose of Disbursement Print Ad	Category/Type <b>004</b>	
Candidate Name		<b>Transaction ID : D341081</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2012</b>
Mailing Address <b>P.O. Box 9227</b>		Amount of Each Disbursement this Period <b>187.45</b>
City <b>Uniondale</b>	State <b>NY</b>	Zip Code <b>11555</b>
Purpose of Disbursement Internet Modem	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : D339169</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jacob Tugendrajch</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2012</b>
Mailing Address <b>315 West 23rd Street Apt 6B</b>		Amount of Each Disbursement this Period <b>36.60</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10011</b>
Purpose of Disbursement Campaign Travel Reimbursement	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : D336231</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>379.05</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Andrew Tulloch</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2012</b>	
Mailing Address <b>301 G Street, SW Apt. 120</b>			Amount of Each Disbursement this Period <b>4000.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20024</b>	Transaction ID : <b>D333628</b>	
Purpose of Disbursement <b>Legal Fee</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2012</b>	
Mailing Address <b>P.O. Box 15124</b>			Amount of Each Disbursement this Period <b>103.47</b>	
City <b>Albany</b>	State <b>NY</b>	Zip Code <b>12212-5124</b>	Transaction ID : <b>D339181</b>	
Purpose of Disbursement <b>Campaign Phone</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2012</b>	
Mailing Address <b>P.O. Box 15124</b>			Amount of Each Disbursement this Period <b>314.81</b>	
City <b>Albany</b>	State <b>NY</b>	Zip Code <b>12212-5124</b>	Transaction ID : <b>D339183</b>	
Purpose of Disbursement <b>Campaign Phone</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4418.28</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 15124		Amount of Each Disbursement this Period 119.01 <b>Transaction ID : D339189</b>
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Campaign Phone Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Garland Waller</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 112 Nornantin		Amount of Each Disbursement this Period 274.57 <b>Transaction ID : D336251</b>
City Newton State MA Zip Code 02458	Purpose of Disbursement Campaign Travel Reimbursement Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Women's Campaign Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 1900 L Street NW, Suite 500		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D336220</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Donation Category/Type 012	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1393.58
<b>TOTAL</b> This Period (last page this line number only).....	64854.02

**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 31 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Maloney for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Susan Horsfall</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2012</b>
Mailing Address 55 Wall Street Suite 520		Amount of Each Disbursement this Period <b>2500.00</b>
City New York State NY Zip Code 10005	Purpose of Disbursement Contributor Requested	<b>Transaction ID : D342304</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2500.00</b>