

**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

TENNEY FOR CONGRESS

ADDRESS (number and street)

28 ROBINSON ROAD

PO BOX 128

Check if different  
than previously  
reported. (ACC)

CLINTON

NY

13323

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00561183

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

22

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

M M / D D / Y Y Y Y

in the  
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

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 WILLIAM F. LOCKE

Signature of Treasurer

WILLIAM F. LOCKE

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2016

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**TENNEY FOR CONGRESS**

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	65567.00	75803.34
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	65067.00	75803.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13628.70	182678.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	13628.70	182678.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	136415.45	
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) .....	160000.00	

**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

PAGE 3 / 45

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TENNEY FOR CONGRESS**

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

49275.00

50973.01

**(ii) Unitemized.....**

10192.00

21696.73

**(iii) TOTAL of contributions from individuals ▶**

59467.00

72669.74

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

6100.00

3133.60

**(d) The Candidate.....**

0.00

0.00

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

65567.00

75803.34

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

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

50000.00

119000.00

**(b) All Other Loans.....**

0.00

0.00

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

50000.00

119000.00

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

0.00

0.00

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

0.00

0.00

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

115567.00

194803.34

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 45

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13628.70	182678.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	7000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	7000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	500.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	105.75
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	14128.70	189783.79

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34977.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	115567.00
25. SUBTOTAL (add Line 23 and Line 24).....	150544.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14128.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	136415.45

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 45

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

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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DAVID S ALLEN**

Mailing Address 27 HOFFMAN RD

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period

750.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARION E BICKFORD**

Mailing Address 4802 ORMOND DR

City

CAZENOVIA

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SYRACUSE UNIVERSITY

Occupation

PROFESSOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.5301

Amount of Each Receipt this Period

300.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GAIL BOULTON**

Mailing Address 805 DOVER RD

City

GREENSBORO

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CARBONE AUTOMOTIVE GROUP**

Mailing Address 5194 COMMERCIAL DR

City

YORKVILLE

State

NY

Zip Code

13495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SA11AI.5178

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS J CAVALLO**

Mailing Address 40 GENESEE ST

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

RESTAURANT OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

Transaction ID : SA11AI.5322

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSEPH CIRUCCI**

Mailing Address 612 MARCELLA STREET

City

ENDICOTT

State

NY

Zip Code

13760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

LOCKHEED MARTIN

ENGINEERING MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2016

Transaction ID : SA11AI.5469

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JAMES G CLIFFORD**

Mailing Address 110 BRIARWOOD CT

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLIFFORD FUEL CO

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2016

Transaction ID : SA11AI.5303

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN COLLIS**

Mailing Address 34 CAPARDO DRIVE

City

WHITESBORO

State

NY

Zip Code

13492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRED F. COLLIS & SONS

Occupation

OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2016

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN COSTELLO**

Mailing Address 427 INDIES DRIVE

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2016

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 45

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

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

**A.** Full Name (Last, First, Middle Initial)  
**RUDY D'AMICO**

Mailing Address 6321 HIDDEN MEADOW DR

City MARCY	State NY	Zip Code 13403
---------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11AI.5129

Amount of Each Receipt this Period

300.00
--------

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 5480 HUNT RD

City VERNON CENTER	State NY	Zip Code 13477
-----------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period

300.00
--------

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 180 SANFORD AVE

City CLINTON	State NY	Zip Code 13323
-----------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11AI.5294

Amount of Each Receipt this Period

100.00
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☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 9 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NORBERT DENGLE

A.

Mailing Address 2758 MORRIS AVE

City

BRONX

State

NY

Zip Code

10468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICK W DOWDALL

B.

Mailing Address 9 GERALD ST

City

NORWICH

State

NY

Zip Code

13815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		28		2016

Transaction ID : SA11AI.5316

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANNE C DUNLAP

C.

Mailing Address 1843 BROKEN BEND DR

City

WESTLAKE

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		04		2016

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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:

PAGE 10 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**SHEILA MARY FALLON****A.**

Mailing Address 4775 ORMONDE DRIVE

City

CAZENOVIA

State

NY

Zip Code

13035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2016

**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSEPH FARNACH****B.**

Mailing Address 1208 MAIN STREET

City

SYLVAN BEACH

State

NY

Zip Code

13157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2016

**Transaction ID : SA11AI.5445**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KRISTINE GIOTTO****C.**

Mailing Address 3823 MOHAWK STREET

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

**Transaction ID : SA11AI.5358**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1700.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN GOMEZ

A.

Mailing Address 850 MONTAUK HWY, SUITE 44

City

BAYPORT

State

NY

Zip Code

11705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTERN FIELD SERVICES

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2016

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period

300.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

RONALD GRIFFITHS

B.

Mailing Address INFORMATION REQUESTED

City

INFO REQUEST

State

NY

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCKHEED-MARTIN

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		28		2016

Transaction ID : SA11AI.5320

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

NAMEER HAIDER

C.

Mailing Address 1508 GENESEE ST

City

UTICA

State

NY

Zip Code

13502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2016

Transaction ID : SA11AI.5330

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

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

2300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 45

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

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

Full Name (Last, First, Middle Initial)

**MARK HALL**

Mailing Address 28 YOUNGS RD

City

STAR LAKE

State

NY

Zip Code

13690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOWN OF FINE

Occupation

OPERATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2016

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ANDREW HEANEY**

Mailing Address 2 BONTECOU ROAD

City

MILLBROOK

State

NY

Zip Code

12545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEANEY ENERGY CORP.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		26		2016

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WILLIAM KLINE**

Mailing Address 88 INDIAN MOUND DR

City

WHITESBORO

State

NY

Zip Code

13492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADIRONDACK FINANCIAL SERVICES

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2016

Transaction ID : SA11AI.5278

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

THEODORE KONDIWALA

A. Mailing Address INFORMATION REQUESTED

City

INFO REQUEST

State

NY

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.5337

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WALTER ALAN KOZIARZ

Mailing Address 7311 CANTERBURY HILL ROAD

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2016

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GERALD L MARKETOS

Mailing Address P.O. BOX 10

City

ROME

State

NY

Zip Code

13442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2016

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
CONTRIBUTION


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


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

3950.00

X					
11a	11b	11c	11d		
12	13a	13b	14	15	

NAME OF COMMITTEE (In Full)  
TENNEY FOR CONGRESS

 Memo Item  
CONTRIBUTION

 Memo Item  
CONTRIBUTION

Memo Item  
CONTRIBUTION

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

CARIN MEI

A.

Mailing Address 1224 PLEASANT STREET

City

UTICA

State

NY

Zip Code

13501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANK MONTECALVO

B.

Mailing Address PO BOX 118

City

UTICA

State

NY

Zip Code

13503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK STATE

Occupation

WORKMANS COMPENSATION JUDGE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		05		2016

Transaction ID : SA11AI.5126

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARIANNE MONTECALVO

C.

Mailing Address INFORMATION REQUESTED

City

INFO REQUEST

State

ZZ

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

NEW YORK STATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		05		2016

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

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

2000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN MICHAEL MOWRY****A.**

Mailing Address PO BOX 310

City

MEXICO

State

NY

Zip Code

13114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2016

**Transaction ID : SA11AI.5117**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SUSAN O'SHAUGHNESSY****B.**

Mailing Address 307 WALNUT ST

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REVERE COPPER

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

**Transaction ID : SA11AI.5335**

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JAMES H. PAGE****C.**

Mailing Address 6042 SLEEPY HOLLOW RD

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2016

**Transaction ID : SA11AI.5441**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3150.00



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

PAGE 17 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES H. PAGE

A.

Mailing Address 6042 SLEEPY HOLLOW RD

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2016

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES H. PAGE

B.

Mailing Address 6042 SLEEPY HOLLOW RD

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2016

Transaction ID : SA11AI.5306

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARL P PALADINO

C.

Mailing Address 295 MAIN ST RM 210

City

BUFFALO

State

NY

Zip Code

14203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2016

Transaction ID : SA11AI.5111

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 CONTRIBUTION

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

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

3100.00

FOR LINE NUMBER:  
(check only one)

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

MM / DD / YYYY

City	State	Zip Code
WHITESBORO	NY	13492

C

Occupation  
RETIRED

Election Cycle-to-Date

350.00

100.00

MM / DD / YYYY

City	State	Zip Code
WHITESBORO	NY	13492

C

Occupation  
RETIRED

Election Cycle-to-Date

500.00

150.00

MM / DD / YYYY

City	State	Zip Code
NEW HARTFORD	NY	13413

C

Occupation  
RETIRED

Election Cycle-to-Date

300.00

200.00

Memo Item  
CONTRIBUTION

450.00

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

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

FOR LINE NUMBER:

PAGE 19 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

RODGER P POTOCKI

Mailing Address 1335 GRAFFENBURG RD

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		03		2016

Transaction ID : SA11AI.5237

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

RODGER P POTOCKI

Mailing Address 1335 GRAFFENBURG RD

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2016

Transaction ID : SA11AI.5288

Amount of Each Receipt this Period

150.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH A PRIORE

Mailing Address 316 ONTARIO ST

City

UTICA

State

NY

Zip Code

13501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIORE CONSTRUCTION

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		28		2016

Transaction ID : SA11AI.5318

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

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

1350.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**PAUL D REID**

Mailing Address 11 HARDING AVE

City

LOCKPORT

State

NY

Zip Code

14094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REID GROUP

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2016

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**F EUGENE ROMANO**

Mailing Address 501 MAIN ST

City

UTICA

State

NY

Zip Code

13501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PACEMAKER-MILLAR STEEL &amp; INDUSTRIAL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11AI.5183

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**F EUGENE ROMANO**

Mailing Address 501 MAIN ST

City

UTICA

State

NY

Zip Code

13501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PACEMAKER-MILLAR STEEL &amp; INDUSTRIAL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LINDA E. ROMANO****A.**

Mailing Address 501 MAIN ST

City

UTICA

State

NY

Zip Code

13501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2016

**Transaction ID : SA11AI.5300**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)

**ROBERT ROTHMAN****B.**

Mailing Address PO BOX 172117

City

TAMPA

State

FL

Zip Code

33672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACK DIAMOND GROUP

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

**Transaction ID : SA11AI.5367**

Amount of Each Receipt this Period

2650.00

☐ Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)

**JAMES SACCO****C.**

Mailing Address 2305 HEMLOCK LN

City

VESTAL

State

NY

Zip Code

13850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		24		2016

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
**CONTRIBUTION**
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3700.00

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

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

FOR LINE NUMBER:

PAGE 22 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES SACCO

A.

Mailing Address 2305 HEMLOCK LN

City  
VESTALState  
NYZip Code  
13850FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2016

Transaction ID : SA11AI.5410

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GARY SCALZO

B.

Mailing Address 10 WOODSTREAM CT.

City  
NEW HARTFORDState  
NYZip Code  
13413FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCALZO, ZOGBY & WITTIG, INC.Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		25		2016

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NANCY A SHAHEEN

C.

Mailing Address 5 SYLVAN GLEN RD

City  
UTICAState  
NYZip Code  
13501FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		05		2016

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

775.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JAWAD F SHAIKH**

Mailing Address 24 OAKWOOD DR

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROBERT SILVERNAIL**

Mailing Address 10 HERTFORD

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUTCHISON ROAD PARTNERS, LLC

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		29		2016

Transaction ID : SA11AI.5437

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN SINGLETON**

Mailing Address 901 SKINNER DR. #583

City

SYLVAN BEACH

State

NY

Zip Code

13157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOWN OF VIENNA

Occupation

CONSTABLE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		07		2016

Transaction ID : SA11AI.5423

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

# **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 24 OF 45

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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

**A.** Full Name (Last, First, Middle Initial)  
**JOHN SINGLETON**

Mailing Address 901 SKINNER DR. #583

City State Zip Code  
SYLVAN BEACH NY 13157

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

Name of Employer Occupation  
TOWN OF VIENNA CONSTABLE

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 30 2016

Transaction ID : SA11AI.5373

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 3414 ONEIDA ST

City State Zip Code  
CHADWICKS NY 13319

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 28 2016

Transaction ID : SA11AI.5385

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

Mailing Address 4964 ADAH DR

City State Zip Code  
MANLIUS NY 13104

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

Name of Employer Occupation  
NY UNIFIED COURT SYSTEM ATTORNEY

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 16 2016

Transaction ID : SA11AI.5274

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 45

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JOHN G STONE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 4964 ADAH DR		<b>Transaction ID : SA11AI.5280</b>	
City MANLIUS	State NY	Zip Code 13104	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer NY UNIFIED COURT SYSTEM	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DOUGLAS J TARDUGNO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 502 WEST CEDAR STREET		<b>Transaction ID : SA11AI.5279</b>	
City ROME	State NY	Zip Code 13440	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation DENTIST		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SCOTT T TARDUGNO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 702 N WASHINGTON ST		<b>Transaction ID : SA11AI.5282</b>	
City ROME	State NY	Zip Code 13440	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer TARDUGNO DENTAL OFFICE	Occupation DENTIST		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		800.00	
<b>TOTAL</b> 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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT W TENNEY

Mailing Address 476 STATE HIGHWAY 12B

City

SHERBURNE

State

NY

Zip Code

13460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID YORK PRESS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		23		2016

Transaction ID : SA11AI.5213

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT W TENNEY

Mailing Address 476 STATE HIGHWAY 12B

City

SHERBURNE

State

NY

Zip Code

13460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID YORK PRESS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		23		2016

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period

400.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSEMARIE L TENNEY

Mailing Address PO BOX 453

City

SHERBURNE

State

NY

Zip Code

13460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		23		2016

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period

5400.00

☐ Memo Item  
 CONTRIBUTION

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

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

8800.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCOTT TURNER

Mailing Address 3455 ELMWOOD AVENUE

City

ROCHESTER

State

NY

Zip Code

14610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIXON PEABODY LLPOccupation  
LAW FIRM PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2016

Transaction ID : SA11AI.5433

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN W WADE

Mailing Address 151 GENESEE ST

City

UTICA

State

NY

Zip Code

13502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
RESTAURANT OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2016

Transaction ID : SA11AI.5332

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

SUSAN J WANDOVER

Mailing Address 498 HINCKLEY RD

City

REMSSEN

State

NY

Zip Code

13438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		05		2016

Transaction ID : SA11AI.5123

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 45

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

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

Full Name (Last, First, Middle Initial)

**JOHN R WILSON**

Mailing Address 5740 LAKE ISLAND DR NW

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2016

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

Amount of Each Receipt this Period

☐ Memo Item

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

500.00

49275.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 45

<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)  
**TENNEY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**CATHOLICS-COUNT FEDERAL**

Mailing Address 3 BELLFLOWER RD

City	State	Zip Code
BALLSTON SPA	NY	12020

FEC ID number of contributing  
federal political committee.**C** C00572313

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

**Transaction ID : SA11C.5234**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION
**B.** Full Name (Last, First, Middle Initial)  
**EDUCATIONAL FUND**

Mailing Address P.O. BOX 458

City	State	Zip Code
W SAND LAKE	NY	12169

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

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

**Transaction ID : SA11C.5180**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION
**C.** Full Name (Last, First, Middle Initial)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**Mailing Address 1707 L STREET, NW  
SUITE 750

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing  
federal political committee.**C** C00332296

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

**Transaction ID : SA11C.5296**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

6000.00

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

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

FOR LINE NUMBER:

PAGE 30 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

CLAUDIA TENNEY

Mailing Address 12 SLAYTONBUSH LANE

City

UTICA

State

NY

Zip Code

13501

FEC ID number of contributing  
federal political committee.

C H4NY22051

Name of Employer

N/A

Occupation

CANDIDATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	23	/	2016

Transaction ID : SA13A.5510

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CANDIDATE LOAN FROM PERSONAL FUNDS

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
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

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
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

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

50000.00

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

50000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 45

<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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2016

Amount of Each Disbursement this Period

297.14
--------

☐ Memo Item

Transaction ID : SB17.5502

**B. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2016

Amount of Each Disbursement this Period

76.77
-------

☐ Memo Item

Transaction ID : SB17.5503

**C. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2016

Amount of Each Disbursement this Period

19.76
-------

☐ Memo Item

Transaction ID : SB17.5504

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

393.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 45

<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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2016

Amount of Each Disbursement this Period

99.97
-------

☐ Memo Item

Transaction ID : SB17.5505

**B. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

Amount of Each Disbursement this Period

127.37
--------

☐ Memo Item

Transaction ID : SB17.5506

**C. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2016

Amount of Each Disbursement this Period

182.70
--------

☐ Memo Item

Transaction ID : SB17.5507

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

410.04



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 45

<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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2016

Amount of Each Disbursement this Period

22.05
-------

☐ Memo Item

Transaction ID : SB17.5508

**B. ANEDOT**Mailing Address 5555 HILTON AVE  
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

36.00
-------

☐ Memo Item

Transaction ID : SB17.5509

**C. AQUA VINO**

Mailing Address 16 HARBOR LOCK RD

City UTICA State NY Zip Code 13502

Purpose of Disbursement  
CATERING/FACILITY RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2016

Amount of Each Disbursement this Period

1037.97
---------

☐ Memo Item

Transaction ID : SB17.5478

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

1096.02

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BROTHERS 2**

Mailing Address 2901 WATSON BLVD

City	State	Zip Code
ENDWELL	NY	13760

Purpose of Disbursement  
CATERING/FACILITY RENTAL

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
02 / 02 / 2016

Amount of Each Disbursement this Period

810.00
--------

☐ Memo Item

Transaction ID : SB17.5482

**B. FIRST CLASS PROMOTIONS**

Mailing Address 1 N END AVENUE

City	State	Zip Code
NEW YORK	NY	10282

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2016

Amount of Each Disbursement this Period

645.00
--------

☐ Memo Item

Transaction ID : SB17.5493

**C. NY STATE CONSERVATIVE PARTY CONFERENCE ACCT**

Mailing Address 325 PARKVIEW DR

City	State	Zip Code
SCHENECTADY	NY	12303

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : SB17.5476

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

2455.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 45

<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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PRESTO PRINT**

Mailing Address 5168 COMMERCIAL DR #1

City	State	Zip Code
YORKVILLE	NY	13495

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2016

Amount of Each Disbursement this Period

254.20
--------

☐ Memo Item

Transaction ID : SB17.5480

**B. PROFESSIONAL MEDIA SERVICES INC**Mailing Address 185 GENESEE ST  
STE 1600

City	State	Zip Code
UTICA	NY	13501

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

Amount of Each Disbursement this Period

800.00
--------

☐ Memo Item

Transaction ID : SB17.5501

**C. JESSICA SORENSON**

Mailing Address 9 FAIRBANK S ST

City	State	Zip Code
AUGUSTA	ME	04330

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Transaction ID : SB17.5484

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

3554.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 45

<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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JESSICA SORENSON**

Mailing Address 9 FAIRBANK S ST

City	State	Zip Code
AUGUSTA	ME	04330

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Transaction ID : SB17.5486

**B. JESSICA SORENSON**

Mailing Address 9 FAIRBANK S ST

City	State	Zip Code
AUGUSTA	ME	04330

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Disbursement this Period

71.66
-------

☐ Memo Item

Transaction ID : SB17.5487

**C. LESLIE WALLACE**

Mailing Address 507 YATES ST

City	State	Zip Code
ALBANY	NY	12208

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2016

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Transaction ID : SB17.5494

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

5071.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. LESLIE WALLACE**

Mailing Address 507 YATES ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2016

City	State	Zip Code
ALBANY	NY	12208

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL - MILEAGE

278.00
--------

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : SB17.5496

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/  
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/  
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

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

278.00

13258.59

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 45

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

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NAME OF COMMITTEE (In Full)

**TENNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EDUCATIONAL FUND**

Mailing Address P.O. BOX 458

City	State	Zip Code
W SAND LAKE	NY	12169

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2016

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Transaction ID : SB20C.5492

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00
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500.00
--------

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 39 OF 45

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4484

**TENNEY FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item**CLAUDIA TENNEY**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

50000.00

Cumulative Payment To Date

9000.00

Balance Outstanding at Close of This Period

41000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 01 / 2014

Date Due

M M / D D / Y Y Y Y  
ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

41000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 40 OF 45

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4483

TENNEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

CLAUDIA TENNEY

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
04 / 25 / 2014

Date Due

M M / D D / Y Y  
ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 41 OF 45

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4482

**TENNEY FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item**CLAUDIA TENNEY**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 30 / 2014

Date Due

M M / D D / Y Y Y Y  
ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 42 OF 45

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4721

TENNEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

CLAUDIA TENNEY

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 20 / 2014

Date Due

M M / D D / Y Y Y Y  
ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 43 OF 45

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4860

TENNEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

CLAUDIA TENNEY

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 11 / 2014

Date Due

M M / D D / Y Y Y Y  
ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 44 OF 45

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4864

**TENNEY FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

**CLAUDIA TENNEY**☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
07 / 23 / 2014

Date Due

M M / D D / Y Y  
ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 45 OF 45

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5510

**TENNEY FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item**CLAUDIA TENNEY**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 23 / 2016

Date Due

M M / D D / Y Y Y Y  
ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

160000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.