

**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

Check if different
than previously
reported. (ACC)

CLINTON

NY

13323

2. FEC IDENTIFICATION NUMBER ▼

C

C00561183

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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
06 / 06 / 2014

through

M M / D D / Y Y Y Y
06 / 30 / 2014

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
07 / 15 / 2014

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)

PAGE 2 / 26

Write or Type Committee Name

TENNEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	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))....	40715.94	70673.94
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	40715.94	70673.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44638.32	156585.16
(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))	44638.32	156585.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19088.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	105000.00	

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)

PAGE 3 / 26

Write or Type Committee Name

TENNEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

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).....

25878.01

48523.01

(ii) Unitemized.....

11886.73

19199.73

(iii) TOTAL of contributions from individuals ▶

37764.74

67722.74

(b) Political Party Committees.....

0.00

0.00

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

2951.20

2951.20

(d) The Candidate.....

0.00

0.00

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

40715.94

70673.94

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

5000.00

105000.00

(b) All Other Loans.....

0.00

0.00

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

5000.00

105000.00

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)..... ▶

45715.94

175673.94

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 26

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44638.32	156585.16
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	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	44638.32	156585.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18011.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45715.94
25. SUBTOTAL (add Line 23 and Line 24).....	63727.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44638.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19088.78

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

PAGE 5 OF 26

<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)

CATHERINE GAY CRELLIN**A.**

Mailing Address PO BOX 63

City

SPENCERTOWN

State

NY

Zip Code

12185

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JANE E EATON**B.**

Mailing Address 17 NEWTON AVE

City

NORWICH

State

NY

Zip Code

13815

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT A. FEENEY**C.**

Mailing Address 103 W. COURT ST

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1750.00

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

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

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

FOR LINE NUMBER:

PAGE 6 OF 26

(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)

THOMAS HRANEK

A.

Mailing Address 1804 TRACY STREET

City

ENDICOTT

State

NY

Zip Code

13760

FEC ID number of contributing
federal political committee.

C

Name of Employer

HRANEK ENGINEERING PLLC

Occupation

ENGINEER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WALTER ALAN KOZIARZ

B.

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: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.4619

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK MICHAEL

C.

Mailing Address 4961C WESTMORELAND CT

City

DAYTON

State

OH

Zip Code

45431

FEC ID number of contributing
federal political committee.

C

Name of Employer

US AIR FORCE

Occupation

CIVIL SERVANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) PETER MURPHY			Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address PO BOX 458			Transaction ID : SA11AI.4536	
City W. SAND LAKE	State NY	Zip Code 12196	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer FNDTN FOR OPPORTUNITY IN EDUC.		Occupation ADMINISTRATIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) BRIAN O'SHAUGHNESSY			Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address ONE REVERE PARK			Transaction ID : SA11AI.4708	
City ROME	State NY	Zip Code 13440	Amount of Each Receipt this Period 465.79	
FEC ID number of contributing federal political committee. C			In-kind - PUBLICATIONS	
Name of Employer REVERE COPPER PRODUCTS INC		Occupation CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 465.79		

Full Name (Last, First, Middle Initial) MICHAEL B O'SHAUGHNESSY			Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address ONE REVERE PARK			Transaction ID : SA11AI.4711	
City ROME	State NY	Zip Code 13440	Amount of Each Receipt this Period 1092.16	
FEC ID number of contributing federal political committee. C			In-kind - PUBLICATIONS	
Name of Employer REVERE COPPER		Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2092.16		

SUBTOTAL of Receipts This Page (optional).....			2057.95	
TOTAL This Period (last page this line number only).....				

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

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

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) SUSAN O'SHAUGHNESSY			Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address ONE REVERE PARK			Transaction ID : SA11AI.4713	
City	State	Zip Code		
ROME	NY	13440		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 850.06	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	In-kind - PUBLICATIONS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 850.06		
B. Full Name (Last, First, Middle Initial) JAMES PEMBERTON			Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 32 LINCOLN AVE			Transaction ID : SA11AI.4681	
City	State	Zip Code		
MEXICO	NY	13114		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	CONTRIBUTION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) RODGER P POTOCKI			Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 1335 GRAFFENBURG RD			Transaction ID : SA11AI.4525	
City	State	Zip Code		
NEW HARTFORD	NY	13413		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00		
SUBTOTAL of Receipts This Page (optional).....			1550.06	
TOTAL This Period (last page this line number only).....				

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

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

FOR LINE NUMBER: PAGE 9 OF 26
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MARGARET ROTHMAN			Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014		
Mailing Address PO BOX 172117			Transaction ID : SA11AI.4552		
City TAMPA	State FL	Zip Code 33672	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C		Reattribute: FROM SPOUSE			
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00			
B. Full Name (Last, First, Middle Initial) ROBERT ROTHMAN			Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014		
Mailing Address PO BOX 172117			Transaction ID : SA11AI.4498		
City TAMPA	State FL	Zip Code 33672	Amount of Each Receipt this Period 5200.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION			
Name of Employer BLACK DIAMOND GROUP		Occupation INVESTMENTS			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00			
C. Full Name (Last, First, Middle Initial) ROBERT ROTHMAN			Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014		
Mailing Address PO BOX 172117			Transaction ID : SA11AI.4551		
City TAMPA	State FL	Zip Code 33672	Amount of Each Receipt this Period -2600.00		
FEC ID number of contributing federal political committee. C		Reattribute: TO SPOUSE			
Name of Employer BLACK DIAMOND GROUP		Occupation INVESTMENTS			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00			
SUBTOTAL of Receipts This Page (optional).....			5200.00		
TOTAL This Period (last page this line number only).....					

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) DWIGHT S. SCHAR			Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 505 SOUTH FLAGLER DRIVE STE 900			Transaction ID : SA11AI.4575	
City	State	Zip Code	Amount of Each Receipt this Period 5200.00	
WEST PALM BEACH	FL	33401	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer SELF EMPLOYED		Occupation BUSINESS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		
B. Full Name (Last, First, Middle Initial) JANE STEBELA			Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 119 THERESA BLVD			Transaction ID : SA11AI.4692	
City	State	Zip Code	Amount of Each Receipt this Period 220.00	
BINGHAMTON	NY	13901	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 220.00		
C. Full Name (Last, First, Middle Initial) MARY STENGER			Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 450 PURCHASE ST			Transaction ID : SA11AI.4696	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
RYE	NY	10580	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C		
Name of Employer HOMEMAKER		Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....			5670.00	
TOTAL This Period (last page this line number only).....				

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.4575

REATTRIBUTION REQUESTED

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:

PAGE 12 OF 26

(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)

DOUGLAS TARDUGNO

A.

Mailing Address 502 WEST CEDAR STREET

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11AI.4517

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK TARDUGNO

B.

Mailing Address 9 MULBERRY CT

City

WHITESBORO

State

NY

Zip Code

13492

FEC ID number of contributing
federal political committee.

C

Name of Employer

TARDUGNO DENTAL OFFICE

Occupation

DENTIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCOTT T TARDUGNO

C.

Mailing Address 702 N WASHINGTON ST

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer

TARDUGNO DENTAL OFFICE

Occupation

DENTIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

950.00

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

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

FOR LINE NUMBER:

PAGE 13 OF 26

(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)

CYNTHIA R. TENNEY**A.**

Mailing Address 15 SLAYTONBUSH LN

City

UTICA

State

NY

Zip Code

13601

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KYLE TENNEY**B.**

Mailing Address PO BOX 453

City

SHERBORNE

State

NY

Zip Code

13460

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

STUDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID F. WILBUR III**C.**Mailing Address 236 WELLINGTON LANE
BOX 69

City

SPRINGFIELD CENTER

State

NY

Zip Code

13468

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

5700.00

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 14 OF 26

☒ 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) DAVID F. WILBUR III		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 236 WELLINGTON LANE BOX 69		Transaction ID : SA11AI.4683	
City	State	Zip Code	
SPRINGFIELD CENTER	NY	13468	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
B. Full Name (Last, First, Middle Initial) ROBERT C. WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 4152 WHITMAN ROAD		Transaction ID : SA11AI.4577	
City	State	Zip Code	
CANASTOTA	NY	19032	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00 CONTRIBUTION	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00	
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).....		1250.00	
TOTAL This Period (last page this line number only).....		25878.01	

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

PAGE 15 OF 26

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

ACTRIGHT**A.**

Mailing Address 2029 K STREET NW SUITE 300

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.**C** C00488478

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

451.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2014

Transaction ID : SA11C.4573

Amount of Each Receipt this Period

451.20

CONTRIBUTION

Full Name (Last, First, Middle Initial)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**B.**

Mailing Address 801 G STREET NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00452383

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2014

Transaction ID : SA11C.4523

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND**C.**Mailing Address 1707 L STREET, NW
SUITE 750

City

WASHINGTON

State

DC

Zip Code

20036

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

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2014

Transaction ID : SA11C.4493

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

2951.20

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

2951.20

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 16 OF 26

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CLAUDIA TENNEY		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 12 SLAYTONBUSH LANE		Transaction ID : SA13A.4721	
City UTICA	State NY	Zip Code 13501	Amount of Each Receipt this Period 5000.00 CANDIDATE LOAN FROM PERSONAL FUNDS
FEC ID number of contributing federal political committee. C H4NY22051			
Name of Employer N/A	Occupation CANDIDATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 105000.00		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		5000.00	
TOTAL This Period (last page this line number only).....		5000.00	

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

PAGE 17 OF 26

<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. JOHN CARBONE

Mailing Address 5650 MAPLETON DRIVE

City	State	Zip Code
UTICA	NY	13502

Purpose of Disbursement
POLITICAL-VOTER CONTACT SVCS

Candidate Name

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:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 26 / 2014

Amount of Each Disbursement this Period

1525.03

Transaction ID : SB17.4700

B. FIRST CLASS PROMOTIONS

Mailing Address 1 N END AVENUE

City	State	Zip Code
NEW YORK	NY	10282

Purpose of Disbursement
CAMPAIGN PROMOTIONAL MATERIALS

Candidate Name

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:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 21 / 2014

Amount of Each Disbursement this Period

305.00

Transaction ID : SB17.4673

C. FTIN STRATEGIESMailing Address 325 E JIMMIE LEEDS RD
STE 117

City	State	Zip Code
GALLOWAY	NJ	08205

Purpose of Disbursement
WEB SERVICES

Candidate Name

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:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

1413.02

Transaction ID : SB17.4670

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

3243.05

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

PAGE 18 OF 26

<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. GOALS DEVELOPMENT CO.

Mailing Address PO BOX 451

City	State	Zip Code
PINE BUSH	NY	12566

Purpose of Disbursement
CAMPAIGN PLANNING CONSULTING SVCS

Candidate Name

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:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB17.4677

B. BRIAN O'SHAUGHNESSY

Mailing Address ONE REVERE PARK

City	State	Zip Code
ROME	NY	13440

Purpose of Disbursement
In-kind - PUBLICATIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014	<input checked="" 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
06 / 16 / 2014

Amount of Each Disbursement this Period

465.79

Transaction ID : SB17.4710

C. MICHAEL B O'SHAUGHNESSY

Mailing Address ONE REVERE PARK

City	State	Zip Code
ROME	NY	13440

Purpose of Disbursement
In-kind - PUBLICATIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014	<input checked="" 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
06 / 23 / 2014

Amount of Each Disbursement this Period

1092.16

Transaction ID : SB17.4712

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

2857.95

**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 19 OF 26

<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. SUSAN O'SHAUGHNESSY

Mailing Address ONE REVERE PARK

City	State	Zip Code
ROME	NY	13440

Purpose of Disbursement
In-kind - PUBLICATIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

850.06

Transaction ID : SB17.4715

B. OMP PARK INC

Mailing Address 28 ROBINSON RD

City	State	Zip Code
CLINTON	NY	13323

Purpose of Disbursement
RENT

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
06		06		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4668

C. PIRYX

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

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
06		30		2014

Amount of Each Disbursement this Period

93.22

Transaction ID : SB17.4663

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

3943.22

**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 20 OF 26

<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. PROFESSIONAL MEDIA SERVICES INCMailing Address 185 GENESEE ST
STE 1600

City UTICA State NY Zip Code 13501

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4671

B. PROFESSIONAL MEDIA SERVICES INCMailing Address 185 GENESEE ST
STE 1600

City UTICA State NY Zip Code 13501

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

11000.00

Transaction ID : SB17.4672

C. PRO MEDIAMailing Address 185 GENESEE STREET
STE 1600

City UTICA State NY Zip Code 13501

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

3615.00

Transaction ID : SB17.4664

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

19615.00

**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 21 OF 26

<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. PRO MEDIAMailing Address 185 GENESEE STREET
STE 1600City State Zip Code
UTICA NY 13501Purpose of Disbursement
MEDIA

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
06		23		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4675

B. QUARTIER PRINTING

Mailing Address 215 S MAIN ST

City State Zip Code
CORTLAND NY 13046Purpose of Disbursement
PRINTING

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
06		23		2014

Amount of Each Disbursement this Period

3571.82

Transaction ID : SB17.4676

C. CHRISTINE REALI

Mailing Address 28 ROBINSON ROAD

City State Zip Code
CLINTON NY 13323Purpose of Disbursement
SOCIAL MEDIA SERVICES

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
06		06		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4666

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

10571.82

**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 22 OF 26

<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. VALLEY SIGNSMailing Address 1960 STATE ROUTE 8
PO BOX 287

City CLAYVILLE State NY Zip Code 13322

Purpose of Disbursement
CAMPAIGN SIGNAGE

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
06		09		2014

Amount of Each Disbursement this Period

4326.08

Transaction ID : SB17.4669

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

--

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

--

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

4326.08

44557.18

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 26

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]**

Election: 2014

CLAUDIA TENNEY☒ 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
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)..... ►

50000.00

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 24 OF 26

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]

Election: 2014

CLAUDIA TENNEY☒ 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 25 OF 26

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]**

Election: 2014

CLAUDIA TENNEY☒ 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 26 OF 26

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]

Election: 2014

CLAUDIA TENNEY☒ 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)..... ►

105000.00

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