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Image# 15950584317

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	Al	For An A			VIEN IS	•		Office Use Only	
1. NAME OF COMMITTEE (in		YPE OR PRIN	Г▼		ample: If typi er the lines.	ng, type	12FE4M5	)	
TENNEY FOR	CONGRI	ESS		1 1 1 1					
ADDRESS (number ar	nd street)	28 ROBINSON	ROAD						
Check if dif	ferent								
than previous reported. (A	usly	CLINTON					NY L	13323	
2. <b>FEC IDENTIFIC</b>	CATION NUM	/IBER ▼		CITY			STATE A	ZIP COI	DE A
C C0056118	33			S THIS REPORT	× NEV	OR	AMENI (A)		DISTRICT  22
	eports:	port (Q1)	(b) 12	2-Day <b>PRE</b> -	Election Rep Primary (12F	P)	General (* Special (1		Runoff (12R)
Octobe	Quarterly Rep		E	lection on	ММ	/ D D	/ Y Y Y Y	in the State	
X January	/ 31 Year-End	Report (YE)	(c) 30	D-Day <b>POS</b>	<b>r</b> -Election Re	port for the	):		
					General (300	G)	Runoff (30	OR)	Special (30S)
Termina	ation Report (T	ER)	E	Election on	M M	/ D D	/ Y Y Y Y	in the State	
5. Covering Period	M M 10	/ 01 /	Y Y 20	14 Y	through	M 12	M / D D /	Y Y Y Y Y 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  MM M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
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 FOF (Revised 02/	

### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

### **TENNEY FOR CONGRESS**

10 12 31 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 75803.34 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 75803.34 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 568.00 182678.04 (from Line 17) ..... (b) Total Offsets to Operating 25.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 543.00 182678.04 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 4544.55 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 112000.00 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

Report of Receipts and Disbursements

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

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

Write or Type Committee Name TENNEY FOR CONGRESS 2014 12 31 2014 Report Covering the Period: From: 10 01 To: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 04 2014 05 2014 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 31 2014 Political Committees (last day of reporting period) Itemized (use Schedule A) 0.00 50973.01 0.00 (ii) Unitemized 0.00 21696.73 0.00 (iii) Total of contributions from individuals 0.00 72669.74 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 0.00 0.00 3133.60

Report of Receipts and Disbursements

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	COLUMN A Total this Period	COLUMN B Election Cycle Total as of *	COLUMN C Total for * (date after general election)
		(date of general election) (* See page 5 for date)	through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate		
	0.00	0.00	0.00
	0.00	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than I	oans) (add Lines 11(a)(iii), (b), (c) and (d))	
	0.00	75803.34	0.00
10	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES	
12.	THANSPERS FROM OTHER AUTHORIZED	COMMITTEES	
	0.00	0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate		
	0.00	119000.00	0.00
	(b) All Other Loans		
	(b) All Other Loans		
	0.00	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b)	))	
	0.00	119000.00	0.00
14.	OFFSETS TO OPERATING EXPENDITURE	S (Refunds, rebates, etc.)	
	25.00	0.00	25.00
	23.00	0.00	25.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.	.)	
	0.00	0.00	0.00
16	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	1 and 15)	
10.	10 1712 1120 Ell 10 (add 11(6), 12, 10(6), 12	rana 19/	
	25.00	194803.34	25.00

Report of Receipts and Disbursements

PAGE 5 / 14 FEC Form 3 (Revised 1/01) Write or Type Committee Name TENNEY FOR CONGRESS 10 01 2014 2014 Report Covering the Period: To: 12 31 From: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C** Total for \* (date after general election) **Total this Period** Election Cycle Total as of \* (date of general election) through \* (last day of reporting period) (\* See page 5 for date) (\* See page 5 for dates) 17. OPERATING EXPENDITURES 568.00 500.00 182678.04 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 7000.00 7000.00 0.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 0.00 7000.00 7000.00 REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 0.00 (b) Political Party Committees 0.00 0.00 0.00

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

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COLUMN A Total this Period		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)	
	(c) Other Political Committees (such as PA	Cs)		
	0.00	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (ac	dd Lines 20(a), (b) and (c))		
	0.00	0.00	0.00	
21.	OTHER DISBURSEMENTS			
	105.75	105.75	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 1	8, 19(c), 20(d) and 21)		
	7673.75	189783.79	500.00	
	(Note: Substitute in lieu of Line #6	THAN LOANS)  of Summary Page for this report only; subtraction of Summary Page for this report of Summary Pa	ot Line 20(d) from Line 11(e))	
	IV. NET OPERATING EXPENDITUR	ES		
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; sub-	tract Line 14 from Line 17)	
	543.00	182678.04	475.00	
	V. CASH SU	IMMARY		
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	12193.30	
24.	TOTAL RECIEPTS THIS PERIOD (from Lin	e 16)	25.00	
25.	SUBTOTAL (add Line 23 and Line 24)		12218.30	
26.	TOTAL DISBURSEMENTS THIS PERIOD (1	from Line 22)	7673.75	
27.	CASH ON HAND AT CLOSE OF REPORTI	NG PERIOD (subtract Line 26 from Line 25)	4544.55	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

**PAGE** 7 14 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 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) Date of Disbursement MELODY D BURNS 2014 Mailing Address 413 FEURA BUSH ROAD City State Zip Code Amount of Each Disbursement this Period NY **GLENMONT** 12077 Purpose of Disbursement 500.00 PUBLIC RELATIONS CONSULTING SERVICES Transaction ID: SB17.4875 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) USPS Date of Disbursement Mailing Address 40 COLLEGE ST 10 01 2014 City State Zip Code Amount of Each Disbursement this Period NY CLINTON 13323 Purpose of Disbursement POST OFFICE BOX RENTAL 68.00 Transaction ID: SB17.4873 Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 568.00 SUBTOTAL of Disbursements This Page (optional)..... 568.00

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

# S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS  Any information copied from such Reports and Statement or for commercial purposes, other than using the name at NAME OF COMMITTEE (In Full) TENNEY FOR CONGRESS  Full Name (Last, First, Middle Initial) A. CLAUDIA TENNEY		
Mailing Address 12 SLAYTONBUSH LANE  City State UTICA NY	e Zip Code 13501	Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT  Candidate Name  Office Sought: House Senate Print President Oth State: NY District: 22	Category Type  t For: mary General er (specify)	7000.00  Transaction ID : SB19A.4874
Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement  Senate Printer Other  State: District:	Category Type	Date of Disbursement  M M / D D / Y Y Y Y  Amount of Each Disbursement this Period
	Zip Code  Category Type t For: nary General er (specify)	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).....

7000.00

7000.00

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4484 NAME OF COMMITTEE (In Full) TENNEY FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **CLAUDIA TENNEY** General Mailing Address Other (specify)  $\blacktriangledown$ 12 SLAYTONBUSH LANE City State ZIP Code NY 13501 UTICA Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 50000.00 7000.00 43000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 04 ž014 0.00 **ON DEMAND** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 43000.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4483 NAME OF COMMITTEE (In Full) TENNEY FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **CLAUDIA TENNEY** General Mailing Address Other (specify)  $\blacktriangledown$ 12 SLAYTONBUSH LANE City State ZIP Code NY 13501 UTICA Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 40000.00 0.00 40000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 04 ž014 0.00 **ON DEMAND** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4482 NAME OF COMMITTEE (In Full) TENNEY FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **CLAUDIA TENNEY** General Mailing Address Other (specify)  $\blacktriangledown$ 12 SLAYTONBUSH LANE City State ZIP Code NY 13501 UTICA Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 05<sup>M</sup> <sup>D</sup>30 ž014 0.00 **ON DEMAND** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page 13b Transaction ID: SC/10.4721 NAME OF COMMITTEE (In Full) **TENNEY FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **CLAUDIA TENNEY** General Mailing Address Other (specify)  $\blacktriangledown$ 12 SLAYTONBUSH LANE City State ZIP Code NY 13501 UTICA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 5000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> 20 ž014 0.00 **ON DEMAND** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JAN5		Detailed Summary Page	e (crieck only one)
AME OF COMMITTEE (In Full) FENNEY FOR CONGRESS		Transact	ion ID : SC/10.4860
LOAN SOURCE Full Name (Last, First CLAUDIA TENNEY	st, Middle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General
Mailing Address 12 SLAYTONBUSH LANE			Other (specify)
City	State ZIP Co	ode	
UTICA	NY 13501		
Original Amount of Loan	Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
10000.00		0.00	10000.00
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M07 <sup>M</sup> / D11 / Y 2014 Y	M M / D D / Ŏ	N ĎEMĂNĎ 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		100 110
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
*UBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this lin	ne only)	······································	
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forw	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4864 NAME OF COMMITTEE (In Full) **TENNEY FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary **CLAUDIA TENNEY** General Mailing Address Other (specify)  $\blacktriangledown$ 12 SLAYTONBUSH LANE City State ZIP Code NY 13501 UTICA Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 <sup>M</sup> 07<sup>M</sup> ž014 0.00 **ON DEMAND** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) ...... 112000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.