

**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

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00561183

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

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
06 / 28 / 2016

in the State of

NY

(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
04 / 01 / 2016

through

M M / D D / Y Y Y Y
06 / 08 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

LOCKE, WILLIAM, F.,

Type or Print Name of Treasurer

LOCKE, WILLIAM, F.,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 14 / 2017D D / Y Y Y Y
14 / 2017Y Y Y Y
2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 76

Write or Type Committee Name
TENNEY FOR CONGRESS

Report Covering the Period: From:

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

To:

M M / D D / Y Y Y Y
06 / 08 / 2016

	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))....	51105.00	150177.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	51105.00	149677.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	129983.40	145185.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	25.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	129983.40	145160.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	67537.05	
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)	170000.00	

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

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

TENNEY FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		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).....**

37725.00

109700.00

(ii) Unitemized.....

10180.00

26177.50

(iii) TOTAL of contributions from individuals ▶

47905.00

135877.50

(b) Political Party Committees.....

0.00

0.00

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

3200.00

14300.00

(d) The Candidate.....

0.00

0.00

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

51105.00

150177.50

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

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

10000.00

60000.00

(b) All Other Loans.....

0.00

0.00

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

10000.00

60000.00

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

0.00

25.00

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)..... ▶

61105.00

210202.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	129983.40	145185.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2000.00
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	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	129983.40	147685.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	136415.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61105.00
25. SUBTOTAL (add Line 23 and Line 24).....	197520.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	129983.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	67537.05

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 76

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AHMAD, BILAL, HAYAT, ,

Mailing Address 4758 ST HWY 28

City COOPERSTOWN	State NY	Zip Code 13326
---------------------	-------------	-------------------

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 Y Y
06 / 06 / 2016

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAJWA, SAEED, A, ,

Mailing Address 18 DORCHESTER DR

City ENDICOTT	State NY	Zip Code 13760
------------------	-------------	-------------------

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

Name of Employer SOUTHERN NY NEUROSURGICAL GROUP	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 Y Y
05 / 16 / 2016

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BICKFORD, MARION, E, ,

Mailing Address 4802 ORMOND DR

City CAZENOVIA	State NY	Zip Code 13035
-------------------	-------------	-------------------

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 Y Y
06 / 06 / 2016

Transaction ID : SA11AI.5928

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

1900.00

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

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 PageFOR LINE NUMBER:
(check only one)

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<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)

BIELICKI, SCOTT, , ,

Mailing Address 105 CHARLES PL

City

CHITTENANGO

State

NY

Zip Code

13037

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 ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2016

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLIFFORD, JAMES, G, ,

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

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : SA11AI.5869

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

COHEN & COHEN

Mailing Address 258 GENESEE ST

City

UTICA

State

NY

Zip Code

13502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.5979

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

1250.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.5979

SEE ATTRIBUTION BELOW

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:
(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)
COHEN, RICHARD, , ,

Mailing Address 258 GENESEE ST

City UTICA	State NY	Zip Code 13502
---------------	-------------	-------------------

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 Y Y
04 / 20 / 2016

Transaction ID : SA11AI.5979.0

Amount of Each Receipt this Period

250.00

☒ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CUDA, MARK, J, ,

Mailing Address 2308 HEMLOCK LANE

City VESTAL	State NY	Zip Code 13850
----------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2016

Transaction ID : SA11AI.5849

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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 CABVI	Occupation CEO
---------------------------	-------------------

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

Election Cycle-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2016

Transaction ID : SA11AI.5962

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)..... ▶

350.00

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

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<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)

A.**DAVEY, RICHARD, , ,**

Mailing Address 468 CAFFERTY HILL RD

City

ENDICOTT

State

NY

Zip Code

13760

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
0	6		0	1		2	0	1	6

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
B.

Full Name (Last, First, Middle Initial)

DAVIS, DOUGLAS, , ,

Mailing Address 550 MORELAND WAY

City

SANTA CLARA

State

CA

Zip Code

95054

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROADCOM LIMITED

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	6

Transaction ID : SA11AI.5858

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION
C.

Full Name (Last, First, Middle Initial)

DENGLER, MARILYN, , ,

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

ASSET MGR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	6

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period

1100.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

2850.00

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)
DENGLER, NORBERT, , ,
Mailing Address 2758 MORRIS AVE

City State Zip Code
BRONX NY 10468

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ATTY ASSET MGR

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

Election Cycle-to-Date ▼
2100.00

Date of Receipt

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

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period

1100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEVINE, JAMES, , , SR
Mailing Address 624 DEERFIELD DR

City State Zip Code
ONEIDA NY 13421

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 ▼
300.00

Date of Receipt

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

Transaction ID : SA11AI.5867

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FAGA, ANTONIO, , ,
Mailing Address 23 OXFORD RD

City State Zip Code
NEW HARTFORD NY 13413

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2016

Transaction ID : SA11AI.5909

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)..... ▶

2400.00

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

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<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)

FALLON, JANE, E, ,**A.**

Mailing Address 4775 ORMONDE DR

City

CAZENOVIA

State

NY

Zip Code

13035

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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	6

Transaction ID : SA11AI.6011

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

FALLON, SHEILA, MARY, ,**B.**

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 ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

FARNSWORTH, DAVID, GEORGE, ,**C.**Mailing Address 2945 MAIN ST
PO BOX 16

City

MCCONNELLSVILLE

State

NY

Zip Code

13401

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARVEST AMERICAN, INC.

Occupation

SOFTWARE DEVELOPER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

Transaction ID : SA11AI.5756

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

850.00

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)
GREENBERG, GARY, , ,
Mailing Address 737 HIGHMOUNT RD

City State Zip Code
WEST COXSACKIE NY 12192

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERNON DOWNS

Occupation
MINORITY 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 Y Y
05 04 2016

Transaction ID : SA11AI.5793

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HALBRITTER, JANE, A, ,
Mailing Address 100 W GARDEN ST

City State Zip Code
ROME NY 13440

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 Y Y
05 31 2016

Transaction ID : SA11AI.6016

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HALPERN, JONATHAN, , ,
Mailing Address 115 W 86TH ST STE 10E

City State Zip Code
NEW YORK NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
JONATHAN C HALPERN CORP

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 Y Y
04 21 2016

Transaction ID : SA11AI.5983

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)..... ▶

1750.00

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 13 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HANSON, PETER, O, ,

Mailing Address 235 MOORE ST

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAI JAMES E. HANSON

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2016

Transaction ID : SA11AI.5873

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. HAYSSSEN, ROBERT, , ,

Mailing Address 2221 LAKE ROAD

City

SENECA FALLS

State

NY

Zip Code

13148

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONTRACTOR

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
05 13 2016

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. HENNESSY, MICHAEL, J, ,

Mailing Address 439 BETSINGER RD

City

SHERRILL

State

NY

Zip Code

13461

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCIAL CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.5903

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

1600.00

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

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HERBOWY, NESTOR, J, ,

Mailing Address 124 HIGBY RD

City UTICA	State NY	Zip Code 13501
---------------	-------------	-------------------

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

Name of Employer SLAVIN JACKSON AND BURN DDS	Occupation DENTIST
---	-----------------------

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

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : SA11AI.6035

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES STREET MANAGEMENT

Mailing Address 100 W GARDEN ST

City ROME	State NY	Zip Code 13440
--------------	-------------	-------------------

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 Y Y
04 / 20 / 2016

Transaction ID : SA11AI.5977

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHNS, JOHN, R, ,

Mailing Address 3288 MOHAWK ST

City SAUQUOIT	State NY	Zip Code 13456
------------------	-------------	-------------------

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

Name of Employer JOHNS FARMS, INC	Occupation SMALL 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 Y Y
05 / 04 / 2016

Transaction ID : SA11AI.5860

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)..... ▶

1250.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.5977

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule:

Transaction ID:

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHNS, VINCENT, M, ,

Mailing Address 3274 MOHAWK ST

City

SAUQUOIT

State

NY

Zip Code

13456

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

AGRICULTURE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.6033

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAVAZIS, EURIPIDES, , ,

Mailing Address 30 SYLVIA RD

City

PLAINVIEW

State

NY

Zip Code

11803

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRCSI

Occupation

PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2016

Transaction ID : SA11AI.5985

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KIEKEL, PAUL, , ,

Mailing Address 3608 N PRINCE C302

City

CLOVIS

State

NM

Zip Code

88101

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BUSINESS MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.5737

Amount of Each Receipt this Period

950.00

☐ Memo Item
CONTRIBUTION

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

3100.00

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KOWALSKY, EDWARD, , ,

Mailing Address PO BOX 514

City UTICA	State NY	Zip Code 13503
---------------	-------------	-------------------

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

Name of Employer EMPIRE RECYCLING CORP	Occupation BUSINESSMAN
---	---------------------------

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
06 08 2016

Transaction ID : SA11AI.5738

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LYNCH, JOHN, , ,

Mailing Address PO BOX 375

City DELHI	State NY	Zip Code 13753
---------------	-------------	-------------------

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 Y Y
05 03 2016

Transaction ID : SA11AI.5846

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MALCHAK, GERALD, L, ,

Mailing Address 2272 RIDGE RD

City MCGRAW	State NY	Zip Code 13101
----------------	-------------	-------------------

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

Name of Employer WELLS FARGO	Occupation INVESTOR
---------------------------------	------------------------

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

Election Cycle-to-Date ▼
400.00

Date of Receipt

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

Transaction ID : SA11AI.5988

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)..... ▶

750.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

MATT, LILLIAN, D, ,

A.

Mailing Address 130 PARIS RD

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.6032

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MATT, NICHOLAS, O, ,

B.

Mailing Address 36 JORDAN RD

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing
federal political committee.

C

Name of Employer

MATT BREWING COMPANY

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2016

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MAZLOOM, ANDY, , ,

C.

Mailing Address PO BOX 4504

City

UTICA

State

NY

Zip Code

13504

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 Y Y
06 08 2016

Transaction ID : SA11AI.5774

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)..... ▶

3050.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

MCGREW, MICHAEL, N, ,

A. Mailing Address 4777 LIMBERLOST LN

City
MANLIUS

State
NY

Zip Code
13104

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 ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.6023

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MINHAS, TASEER, A, ,

B. Mailing Address 2621 ALEXANDER ST

City
ENDWELL

State
NY

Zip Code
13760

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEURO MEDICAL CARE ASSOCIATES PLLC

Occupation
NEUROLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2016

Transaction ID : SA11AI.5916

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MONTECALVO, FRANK, , ,

C. Mailing Address 202 COMENALE CRESCENT

City
NEW YORK MILLS

State
NY

Zip Code
13417

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 ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.5931

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)..... ►

1050.00

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

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<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)

A. NEURO-BRAIN AND SPINE CONSULTANTS LLC

Mailing Address 8 JOSEPH TER

City
ALBANYState
NYZip Code
12203FEC ID number of contributing
federal political committee.

C

Name of Employer
BRCSIOccupation
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
04		20		2016

Transaction ID : SA11AI.5981

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION
B.

Full Name (Last, First, Middle Initial)

QANDAH, NICHOLAS, , ,

Mailing Address 8 JOSEPH TER

City
ALBANYState
NYZip Code
12203FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
NEUROSURGICAL SPECIALIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.5981.0

Amount of Each Receipt this Period

2000.00

☒ Memo Item
CONTRIBUTION
C.

Full Name (Last, First, Middle Initial)

O'SHAUGHNESSY, MICHAEL, B, ,

Mailing Address ONE REVERE PARK

City
ROMEState
NYZip Code
13440FEC ID number of contributing
federal political committee.

C

Name of Employer
REVERE COPPEROccupation
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

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

Transaction ID : SA11AI.5739

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)..... ▶

2200.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.5981

SEE ATTRIBUTION BELOW

Form/Schedule: SA11AI

Transaction ID: SA11AI.5739

REFUND TO BE ISSUED

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

O'SHAUGHNESSY, MICHAEL, B, ,

A.

Mailing Address ONE REVERE PARK

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer

REVERE COPPER

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.6049

Amount of Each Receipt this Period

200.00

☒ Memo Item
Redesignate: CONTRIBUTION

Full Name (Last, First, Middle Initial)

O'SHAUGHNESSY, MICHAEL, B, ,

B.

Mailing Address ONE REVERE PARK

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer

REVERE COPPER

Occupation

CHAIRMAN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.6050

Amount of Each Receipt this Period

200.00

☒ Memo Item
Redesignate: TO GENERAL

Full Name (Last, First, Middle Initial)

ODESCALCHI, DANIEL, , ,

C.

Mailing Address 120 TINKERTOWN RD

City

PLEASANT VALLEY

State

NY

Zip Code

12569

FEC ID number of contributing
federal political committee.

C

Name of Employer

STRATEGIC ADVANTAGE INTERNATIONAL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2016

Transaction ID : SA11AI.5919

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)..... ▶

1000.00

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ODESCALCHI, DANIEL, , ,
Mailing Address 120 TINKERTOWN RD

City State Zip Code
PLEASANT VALLEY NY 12569

FEC ID number of contributing
federal political committee.

C

Name of Employer
STRATEGIC ADVANTAGE INTERNATIONAL

Occupation
PRESIDENT

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

Election Cycle-to-Date ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 07 2016

Transaction ID : SA11AI.5749

Amount of Each Receipt this Period

1700.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAGE, JAMES, H, ,
Mailing Address 6042 SLEEPY HOLLOW RD

City State Zip Code
ROME NY 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 ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 10 2016

Transaction ID : SA11AI.5772

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAGE, JAMES, H, ,
Mailing Address 6042 SLEEPY HOLLOW RD

City State Zip Code
ROME NY 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 ▼
1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 06 2016

Transaction ID : SA11AI.5835

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)..... ▶

2100.00

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

PAGE, JAMES, H, ,

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 ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 17 2016

Transaction ID : SA11AI.5836

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAGE, JAMES, H, ,

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 27 2016

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAGE, JAMES, H, ,

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 ▼

1700.00

Date of Receipt

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

Transaction ID : SA11AI.5838

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)..... ▶

500.00

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)

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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)
PATTENGILL, ALAN, , ,

Mailing Address 9 HOFFMAN RD

City NEW HARTFORD	State NY	Zip Code 13413
----------------------	-------------	-------------------

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 ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11AI.6002

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PELLIGRINI, DAVID, J, ,

Mailing Address 4954 TENTERDEN DR

City SYRACUSE	State NY	Zip Code 13215
------------------	-------------	-------------------

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 ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11AI.6018

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
POTOCKI, RODGER, P, MR.,

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 ▼
 850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11AI.6014

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)..... ▶

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

PRIORE, JOSEPH, A, ,

A.

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 ▼

1100.00

Date of Receipt

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

Transaction ID : SA11AI.6029

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROMANO, F, EUGENE, ,

B.

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 & INDUSTRIAL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.6038

Amount of Each Receipt this Period

1200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROMANO, LINDA, E., ,

C.

Mailing Address 501 MAIN ST

City

UTICA

State

NY

Zip Code

13501

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOND SCHNOEK & KING

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.6037

Amount of Each Receipt this Period

1200.00

☐ Memo Item
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROSSI, VINCENT, J, , JR
Mailing Address 587 MAIN ST STE 302

City State Zip Code
NEW YORK MILLS NY 13417

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

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

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2016

Transaction ID : SA11AI.5910

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROSSI, VINCENT, J, , JR
Mailing Address 587 MAIN ST STE 302

City State Zip Code
NEW YORK MILLS NY 13417

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

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

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 18 2016

Transaction ID : SA11AI.5912

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SACCO, JAMES, , MR,
Mailing Address 2305 HEMLOCK LN

City State Zip Code
VESTAL NY 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 18 2016

Transaction ID : SA11AI.5735

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

375.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCALZO, GARY, , ,

A. Mailing Address 10 WOODSTREAM CT.

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCALZO, ZOGBY & WITTIG, INC.

Occupation

INSURANCE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.5780

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCARAFI, MICHAEL, G, ,

B. Mailing Address 3627 MOHAWK ST

City

NEW HARTFORD

State

NY

Zip Code

13413

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOSCAR ELECTRIC

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 Y Y
06 08 2016

Transaction ID : SA11AI.5871

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCHAR, DWIGHT, C, ,

C. Mailing Address 550 50 OCEANS BLVD
SUITE 900

City

PALM BEACH

State

FL

Zip Code

33480

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

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

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

3300.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCHEEHL, ROBERT, G, MR.,
Mailing Address PO BOX 112

City State Zip Code
WOODGATE NY 13421

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 ▼
300.00

Date of Receipt

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

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHAHEEN, NANCY, A, DR.,
Mailing Address 5 SYLVAN GLEN RD

City State Zip Code
UTICA NY 13501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
RADIOLOGIST

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

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2016

Transaction ID : SA11AI.6036

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STONE BROOK FARM
Mailing Address 6052 LORENA RD

City State Zip Code
ROME NY 13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
FARMER

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2016

Transaction ID : SA11AI.5902

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)..... ▶

1350.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.5902

SEE ATTRIBUTION BELOW

Form/Schedule:

Transaction ID:

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ST THOMAS, PETER, , ,

A.

Mailing Address 6052 LORENA RD

City
ROME

State
NY

Zip Code
13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
FARMER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2016

Transaction ID : SA11AI.5902.0

Amount of Each Receipt this Period

250.00

☒ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TURNER, SCOTT, , ,

B.

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 LLP

Occupation
LAW FIRM PARTNER

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
06 06 2016

Transaction ID : SA11AI.5788

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

VERSACE, ROCCO, L, ,

C.

Mailing Address PO BOX 408

City
ROME

State
NY

Zip Code
13442

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERSACE LAW OFFICE, PC

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 Y Y
05 18 2016

Transaction ID : SA11AI.5914

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)..... ▶

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<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)

WADE, JOHN, W, ,**A.**

Mailing Address 151 NORTH GENESEE ST

City

UTICA

State

NY

Zip Code

13502

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELMONICO'SOccupation
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
06		06		2016

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WALTER, RAYMOND, , ,**B.**

Mailing Address 209 SAN FERNANDO LANE

City

E. AMHERST

State

NY

Zip Code

14051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK STATEOccupation
ASSEMBLYMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : SA11AI.5732

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILBER, SCOTTY, , ,**C.**

Mailing Address POB 69

City

SPRINGFIELD CENTER

State

NY

Zip Code

13468

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 ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2016

Transaction ID : SA11AI.5844

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

750.00

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

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WOOD, DAVID, , ,

Mailing Address 904 HICKORY ST

City ROME	State NY	Zip Code 13440
--------------	-------------	-------------------

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

Name of Employer SEARS OIL CO. INC.	Occupation VP
--	------------------

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 07 2016

Transaction ID : SA11AI.5799

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

250.00
37725.00

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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12 13a 13b 14 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 ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2016

Transaction ID : SA11C.6010

Amount of Each Receipt this Period

2200.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NICOLE FOR NEW YORK

Mailing Address PO BOX 60487

City State Zip Code
STATEN ISLAND NY 10306

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 13 2016

Transaction ID : SA11C.5959

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

3200.00

3200.00

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

TENNEY, CLAUDIA, , ,

A.

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 ▼

60000.00

Date of Receipt

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

Transaction ID : SA13A.5722

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CANDIDATE LOAN FROM PERSONAL FUNDS

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

10000.00

10000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA13A

Transaction ID : SA13A.5722

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**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 37 OF 76

<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. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD PAYMENT

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
04		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

803.07

Transaction ID : SB17.5549

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IDONATE PRO

Mailing Address 1E 364 2ND ST

City
ENCINITASState
CAZip Code
92024Purpose of Disbursement
DATABASE SUBSCRIPTION

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
04		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5549.1

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DR

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIES

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
04		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

115.79

Transaction ID : SB17.5549.6

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

803.07

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

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

PAGE 38 OF 76

<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. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD PAYMENT

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2013.30

Transaction ID : SB17.5550

☐ Memo Item**B. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
BANK 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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

27.06

Transaction ID : SB17.5550.0

☒ Memo Item**C. ORIENTAL TRADING COMPANY**

Mailing Address PO BOX 2308

City
OMAHAState
NEZip Code
68103Purpose of Disbursement
OFFICE SUPPLIES

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

224.79

Transaction ID : SB17.5550.1

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2013.30

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

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

PAGE 39 OF 76

<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. STAPLES

Mailing Address 500 STAPLES DR

Date of Disbursement

M M	D D	Y Y Y Y
04	25	2016

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIESCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

33.70

Transaction ID : SB17.5550.2

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 500 STAPLES DR

Date of Disbursement

M M	D D	Y Y Y Y
04	25	2016

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIESCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

20.21

Transaction ID : SB17.5550.5

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DR

Date of Disbursement

M M	D D	Y Y Y Y
04	25	2016

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIESCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.5550.7

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

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

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

PAGE 40 OF 76

<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. STAPLES

Mailing Address 500 STAPLES DR

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIES

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

102.16

Transaction ID : SB17.5550.8

☒ Memo Item**B. STAPLES**

Mailing Address 500 STAPLES DR

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIES

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

130.96

Transaction ID : SB17.5550.11

☒ Memo Item**C. IDONATE PRO**

Mailing Address 1E 364 2ND ST

City
ENCINITASState
CAZip Code
92024Purpose of Disbursement
DATABASE SUBSCRIPTION

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17.5550.13

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

PAGE 41 OF 76

<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
ENDWELLState
NYZip Code
13760Purpose of Disbursement
FOOD/BEVERAGE

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

60.50

Transaction ID : SB17.5550.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. RENT-A-CENTER

Mailing Address 5501 HEADQUARTERS DR

City
PLANOState
TXZip Code
75024Purpose of Disbursement
EQUIPMENT 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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

254.82

Transaction ID : SB17.5550.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DR

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIES

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

54.36

Transaction ID : SB17.5550.24

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

PAGE 42 OF 76

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DR

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIES

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

8.45

Transaction ID : SB17.5550.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
04		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

128.76

Transaction ID : SB17.5536

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
04		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

39.30

Transaction ID : SB17.5537

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

168.06

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

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

PAGE 43 OF 76

<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. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
04	06	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

51.83

Transaction ID : SB17.5538

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
04	06	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

11.62

Transaction ID : SB17.5539

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
04	15	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

20.40

Transaction ID : SB17.5540

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

83.85

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

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

PAGE 44 OF 76

<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. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
04		26		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

9.37

Transaction ID : SB17.5542

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
05		06		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

78.51

Transaction ID : SB17.5544

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
05		17		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

50.85

Transaction ID : SB17.5541

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

138.73

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

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

PAGE 45 OF 76

<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. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
05	20	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

29.10

Transaction ID : SB17.5543

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
05	31	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

6.45

Transaction ID : SB17.5545

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
06	08	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

107.32

Transaction ID : SB17.5546

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

142.87

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 5555 HILTON AVE
STE 106City
BATON ROUGEState
LAZip Code
70808Purpose 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
06	08	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

4.53

Transaction ID : SB17.5547

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARRY ZEPLOWITZ & ASSOC

Mailing Address 300 PEARL ST STE 330

City
BUFFALOState
NYZip Code
14202Purpose of Disbursement
SURVEY RESEARCH

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
04	13	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

7000.00

Transaction ID : SB17.5649

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BEST BUY

Mailing Address 7601 PENN AVE S

City
RICHFIELDState
MNZip Code
55423Purpose of Disbursement
EQUIPMENT PURCHASE

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
05	14	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

521.97

Transaction ID : SB17.5554

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7526.50

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

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

PAGE 47 OF 76

<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. CAMPAIGN GRAPHICS

Mailing Address 1229 N WAKONDA ST

City
FLAGSTAFFState
AZZip Code
86004Purpose 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
05		05		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

5711.97

Transaction ID : SB17.5619

☐ Memo Item**B. CAMPAIGN MARKETING STRATEGIES**

Mailing Address 3420 WILSON BLVD STE 202

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
FUNDRAISING PHONE CALLS

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
04		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

775.77

Transaction ID : SB17.5651

☐ Memo Item**C. CAMPAIGN MARKETING STRATEGIES**

Mailing Address 3420 WILSON BLVD STE 202

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
FUNDRAISING PHONE CALLS

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
04		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

247.04

Transaction ID : SB17.5652

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6734.78

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

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

PAGE 48 OF 76

<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. CAMPAIGN MARKETING STRATEGIES

Mailing Address 3420 WILSON BLVD STE 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

887.69

Transaction ID : SB17.5653

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN MARKETING STRATEGIES

Mailing Address 3420 WILSON BLVD STE 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

907.12

Transaction ID : SB17.5654

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN MARKETING STRATEGIES

Mailing Address 3420 WILSON BLVD STE 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

888.43

Transaction ID : SB17.5655

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2683.24

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

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

PAGE 49 OF 76

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAMPAIGN MARKETING STRATEGIES

Mailing Address 3420 WILSON BLVD STE 202

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
FUNDRAISING PHONE CALLS

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		03		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

303.99

Transaction ID : SB17.5656

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COFFEY, KEVIN, , ,

Mailing Address 545 MYRTLE AVE

City
ALBANYState
NYZip Code
12208Purpose of Disbursement
MEDIA PRODUCTION

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
05		22		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

595.00

Transaction ID : SB17.5588

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FORT, GINA, , ,

Mailing Address PO BOX 4303

City
ROMEState
NYZip Code
13442Purpose of Disbursement
CONTRACT LABOR-ADMIN

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
04		21		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.5525

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1048.99

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

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

PAGE 50 OF 76

<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. FORT, GINA, , ,

Mailing Address PO BOX 4303

City
ROMEState
NYZip Code
13442Purpose of Disbursement
CONTRACT LABOR-ADMIN

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
05		23		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.5526

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAMMOND & ASSOC.

Mailing Address PO BOX 368

City
FALLS CHURCHState
VAZip Code
22040Purpose of Disbursement
FINANCE 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
04		26		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5564

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAMMOND & ASSOC.

Mailing Address PO BOX 368

City
FALLS CHURCHState
VAZip Code
22040Purpose of Disbursement
FINANCE 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
05		17		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2116.60

Transaction ID : SB17.5565

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3356.60

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

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

PAGE 51 OF 76

<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. HAMMOND & ASSOC.

Mailing Address PO BOX 368

City
FALLS CHURCHState
VAZip Code
22040Purpose of Disbursement
FINANCE 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
0	5		1	7		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1186.99

Transaction ID : SB17.5566

☐ Memo Item**B. JOHN DONER & ASSOC.**

Mailing Address 823 CONGRESS AVE

City
AUSTINState
TXZip Code
78701Purpose 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
0	6		0	1		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5603

☐ Memo Item**C. KNAPP, KIM, MOSSER, ,**

Mailing Address 219 HAWTHORNE AVE

City
HADDONFIELDState
NJZip Code
08033Purpose of Disbursement
COMMUNICATIONS 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
0	4		0	4		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5522

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3186.99

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

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

PAGE 52 OF 76

<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. LOWES

Mailing Address 1000 LOWES BLVD

City
MOORESVILLEState
NCZip Code
28105Purpose of Disbursement
OFFICE SUPPLIES

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		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

241.36

Transaction ID : SB17.5594

☐ Memo Item**B. LOWES**

Full Name (Last, First, Middle Initial)

Mailing Address 1000 LOWES BLVD

City
MOORESVILLEState
NCZip Code
28105Purpose of Disbursement
OFFICE SUPPLIES

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		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

5.42

Transaction ID : SB17.5595

☐ Memo Item**c. LOWES**

Full Name (Last, First, Middle Initial)

Mailing Address 1000 LOWES BLVD

City
MOORESVILLEState
NCZip Code
28105Purpose of Disbursement
OFFICE SUPPLIES

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		08		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

263.35

Transaction ID : SB17.5596

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

510.13

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

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

PAGE 53 OF 76

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LYON, CHRISTOPHER, , ,

Mailing Address 2014 STUART AVE

City
RICHMONDState
VAZip Code
23220Purpose 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
04	14	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5607

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LYON, CHRISTOPHER, , ,

Mailing Address 2014 STUART AVE

City
RICHMONDState
VAZip Code
23220Purpose 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
04	14	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB17.5657

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MID-YORK PRESS

Mailing Address 2808 STATE ROUTE 80

City
SHERBURNEState
NYZip Code
13460Purpose 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
04	04	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

178.47

Transaction ID : SB17.5615

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4478.47

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

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

PAGE 54 OF 76

<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. MID-YORK PRESS

Mailing Address 2808 STATE ROUTE 80

City
SHERBURNEState
NYZip Code
13460Purpose 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
04	14	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

510.19

Transaction ID : SB17.5616

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. O'BERNESSER, DEAN, , ,

Mailing Address 41 COURT KNOLLE

City
NEW HARTFORDState
NYZip Code
13413Purpose of Disbursement
TRANSPORTATION 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	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

599.00

Transaction ID : SB17.5530

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OMP

Mailing Address 1133 19TH ST NW STE 300

City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
PRINTING/POSTAGE

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
04	04	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

5199.00

Transaction ID : SB17.5621

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6308.19

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

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

PAGE 55 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	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
YORKVILLEState
NYZip Code
13495Purpose 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
04	06	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

299.06

Transaction ID : SB17.5617

☐ Memo Item**B. PRO MEDIA, INC**Mailing Address 185 GENESEE STREET
STE 1600City
UTICAState
NYZip Code
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
04	14	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1450.00

Transaction ID : SB17.5574

☐ Memo Item**C. SMITH HILL PROPERTIES**

Mailing Address 231 DOUGLAS AVE

City
PROVIDENCEState
RIZip Code
02908Purpose 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
05	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

975.00

Transaction ID : SB17.5647

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2724.06

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

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

PAGE 56 OF 76

<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. STAFFWORKS

Mailing Address 600 FRENCH RD

City
NEW HARTFORDState
NYZip Code
13413Purpose of Disbursement
CONTRACT LABOR-ADMIN

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
04		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1007.51

Transaction ID : SB17.5532

☐ Memo Item**B. STAFFWORKS**

Mailing Address 600 FRENCH RD

City
NEW HARTFORDState
NYZip Code
13413Purpose of Disbursement
CONTRACT LABOR-ADMIN

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
05		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3577.09

Transaction ID : SB17.5533

☐ Memo Item**C. STAFFWORKS**

Mailing Address 600 FRENCH RD

City
NEW HARTFORDState
NYZip Code
13413Purpose of Disbursement
CONTRACT LABOR-ADMIN

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
05		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

108.50

Transaction ID : SB17.5534

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4693.10

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

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

PAGE 57 OF 76

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAFFWORKS

Mailing Address 600 FRENCH RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

City
NEW HARTFORDState
NYZip Code
13413Purpose of Disbursement
CONTRACT LABOR-ADMIN

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

891.25

Transaction ID : SB17.5535

☐ Memo Item**B. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 500 STAPLES DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

41.31

Transaction ID : SB17.5598

☐ Memo Item**C. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 500 STAPLES DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

City
FRAMINGHAMState
MAZip Code
01702Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

76.11

Transaction ID : SB17.5599

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1008.67

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

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

PAGE 58 OF 76

<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. STRATEGIC MEDIA PLACEMENT

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

City
DELAWAREState
OHZip Code
43015Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

8650.00

Transaction ID : SB17.5576

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRATEGIC MEDIA PLACEMENT

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

City
DELAWAREState
OHZip Code
43015Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

8650.00

Transaction ID : SB17.5577

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRATEGIC MEDIA PLACEMENT

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City
DELAWAREState
OHZip Code
43015Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

15982.00

Transaction ID : SB17.5578

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

33282.00

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

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

PAGE 59 OF 76

<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. SVEHLAK, B, TAYLOR, ,

Mailing Address 355 VANNERSON RD

City
ENNISState
TXZip Code
75119Purpose of Disbursement
FINANCE 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
04		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2797.96

Transaction ID : SB17.5558

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SVEHLAK, B, TAYLOR, ,

Mailing Address 355 VANNERSON RD

City
ENNISState
TXZip Code
75119Purpose of Disbursement
TRAVEL

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
04		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

246.40

Transaction ID : SB17.5658

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SVEHLAK, B, TAYLOR, ,

Mailing Address 355 VANNERSON RD

City
ENNISState
TXZip Code
75119Purpose of Disbursement
FINANCE 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
05		05		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3050.97

Transaction ID : SB17.5559

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6095.33

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : SB17.5658

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

**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 61 OF 76

<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. SVEHLAK, B, TAYLOR, ,

Mailing Address 355 VANNERSON RD

City
ENNISState
TXZip Code
75119Purpose of Disbursement
FINANCE 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
06		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3343.67

Transaction ID : SB17.5560

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SVEHLAK, B, TAYLOR, ,

Mailing Address 355 VANNERSON RD

City
ENNISState
TXZip Code
75119Purpose of Disbursement
TRAVEL

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		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

140.20

Transaction ID : SB17.5659

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SVEHLAK, B, TAYLOR, ,

Mailing Address 355 VANNERSON RD

City
ENNISState
TXZip Code
75119Purpose of Disbursement
TRAVEL

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		01		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

137.77

Transaction ID : SB17.5660

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3621.64

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

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SB17

Transaction ID : SB17.5659

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule: SB17

Transaction ID: SB17.5660

NO ADDITIONAL ITEMIZATION REQUIRED

**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 63 OF 76

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE RAINMAKERS

Mailing Address PO BOX 1082

City
SPRINGFIELDState
VAZip Code
22151Purpose of Disbursement
LIST 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
05		23		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

791.25

Transaction ID : SB17.5570

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE STRATEGY GROUP FOR MEDIA

Mailing Address 7669 STAGERS LOOP

City
DELAWAREState
OHZip Code
43015Purpose 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
04		20		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5582

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE STRATEGY GROUP FOR MEDIA

Mailing Address 7669 STAGERS LOOP

City
DELAWAREState
OHZip Code
43015Purpose 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
05		23		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.5580

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9291.25

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

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

PAGE 64 OF 76

<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. TPE ENTERPRISES LLC

Mailing Address 7770 DUNGAN RD

City
PHILADELPHIAState
PAZip Code
19111Purpose 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
04		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.5611

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TPE ENTERPRISES LLC

Mailing Address 7770 DUNGAN RD

City
PHILADELPHIAState
PAZip Code
19111Purpose 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
05		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.5612

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. USPS

Mailing Address 40 COLLEGE ST

City
CLINTONState
NYZip Code
13323Purpose of Disbursement
POSTAGE

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
05		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

470.00

Transaction ID : SB17.5613

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7470.00

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

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

PAGE 65 OF 76

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 40 COLLEGE ST

City
CLINTONState
NYZip Code
13323Purpose of Disbursement
POSTAGE

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
05		24		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1222.00

Transaction ID : SB17.5614

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VELLONE, DAN, , ,

Mailing Address 7905 STEUBEN ST

City
HOLLAND PATENTState
NYZip Code
13354Purpose of Disbursement
PHOTOGRAPHY SERVICE

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
05		16		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5605

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VEXING MEDIA

Mailing Address 11611 E SUNVIEW CIR

City
SPOKANE VALLEYState
WAZip Code
99206Purpose 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
05		31		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5586

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3222.00

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

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

PAGE 66 OF 76

<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. WALLACE, LESLIE, , ,

Mailing Address 507 YATES ST

City
ALBANYState
NYZip Code
12208Purpose 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
04		17		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5608

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALLACE, LESLIE, , ,

Mailing Address 507 YATES ST

City
ALBANYState
NYZip Code
12208Purpose 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
04		17		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

219.51

Transaction ID : SB17.5721

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALLACE, LESLIE, , ,

Mailing Address 507 YATES ST

City
ALBANYState
NYZip Code
12208Purpose 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
05		16		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5609

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6219.51

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

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

PAGE 67 OF 76

<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. WALLACE, LESLIE, , ,

Mailing Address 507 YATES ST

City
ALBANYState
NYZip Code
12208Purpose 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
06		02		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

326.02

Transaction ID : SB17.5661

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALSH, JAMES, , ,

Mailing Address 20 CHURCH AVE

City
BALLSTON SPAState
NYZip Code
12020Purpose of Disbursement
LEGAL 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
04		05		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.5567

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALSH, JAMES, , ,

Mailing Address 20 CHURCH AVE

City
BALLSTON SPAState
NYZip Code
12020Purpose of Disbursement
LEGAL 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
05		02		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

6177.05

Transaction ID : SB17.5568

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11503.07

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

128314.40

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 68 OF 76

FOR 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)

☐ Memo Item

Election: 2014

TENNEY, CLAUDIA, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

9000.00

Balance Outstanding at Close of This Period

41000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M

D 01 D

Y 2014 Y

M M

D D

ON DEMAND

0.00

% (apr)

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

PAGE 69 OF 76

FOR 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)☐ Memo Item

TENNEY, CLAUDIA, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M

D 25 D

Y 2014 Y

M M

D D

ON DEMAND

0.00

% (apr)

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

PAGE 70 OF 76

FOR 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)

TENNEY, CLAUDIA, , ,

☐ Memo Item

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 30 D

Y 2014 Y

M M

D D

ON DEMAND

0.00

% (apr)

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

PAGE 71 OF 76

FOR 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)

☐ Memo Item

Election: 2014

TENNEY, CLAUDIA, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 20 D

Y 2014 Y

M M

D D

ON DEMAND

0.00

% (apr)

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

PAGE 72 OF 76

FOR 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)

TENNEY, CLAUDIA, , ,

☐ Memo Item

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 11^D

Y 2014 Y

M M

D D

ON DEMAND

0.00

% (apr)

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

PAGE 73 OF 76

FOR 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)

TENNEY, CLAUDIA, , ,

☐ Memo Item

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☐ Personal Funds of the Candidate

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 23^D

Y 2014 Y

M M

D D

ON DEMAND

0.00

% (apr)

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

PAGE 74 OF 76

FOR 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)

☐ Memo Item

TENNEY, CLAUDIA, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 23 D

Y 2016 Y

M M

D D

ON DEMAND

0.00

% (apr)

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

PAGE 75 OF 76

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5722

TENNEY FOR CONGRESS

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

TENNEY, CLAUDIA, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

UTICA

State

NY

ZIP Code

13501

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 06 D

Y 2016 Y

M M

D D

ON DEMAND

0.00

% (apr)

☐ 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).....▶

170000.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.5722

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID: