

**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

/

/

in the State of

/

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

/

5. Covering Period

M M / D D / Y Y Y Y
06 / 09 / 2016

/

/

through

M M / D D / Y Y Y Y
06 / 30 / 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 / 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 / 49

Write or Type Committee Name

TENNEY FOR CONGRESS

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 1 | 6 |

To:

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 46863.91 | 197041.41 |
| (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)) | 46863.91 | 196541.41 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 109096.78 | 254281.78 |
| (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)) | 109096.78 | 254256.78 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 5304.18 | |
| 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

PAGE 3 / 49

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 | 6 | | 0 | 9 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 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).....

41398.91

151098.91

(ii) Unitemized.....

3465.00

29642.50

(iii) TOTAL of contributions from individuals ▶

44863.91

180741.41

(b) Political Party Committees.....

0.00

0.00

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

2000.00

16300.00

(d) The Candidate.....

0.00

0.00

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

46863.91

197041.41

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

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

0.00

60000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

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)..... ▶

46863.91

257066.41

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 49

II. DISBURSEMENTS**COLUMN A
Total This Period****COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....

109096.78

254281.78

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) ►

109096.78

256781.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

67537.05

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

46863.91

25. SUBTOTAL (add Line 23 and Line 24).....

114400.96

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

109096.78

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

5304.18

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 49

☒ 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)
ALLEN, DAVID, S, MR,

Mailing Address 27 HOFFMAN RD

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

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

| | |
|-----------------------------------|-------------------|
| Name of Employer UTICA CUTLERY | Occupation CEO |
|-----------------------------------|-------------------|

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 / 10 / 2016

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period

750.00

☐ 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 ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

500.00

☐ 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 ▼
1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : SA11AI.6231

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)..... ▶

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 49

☒ 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)
CIRUCCI, JOSEPH, A, ,

Mailing Address 4005 JUNIPER DR

| | | |
|-------------------|-------------|-------------------|
| City BETHLEHEM | State PA | Zip Code 18020 |
|-------------------|-------------|-------------------|

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 ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : SA11AI.6071

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 2919 BARKLEY AVE

| | | |
|---------------|-------------|-------------------|
| City BRONX | State NY | Zip Code 10465 |
|---------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer DENGLER & DENGLER LLP | Occupation PARALEGAL |
|---|-------------------------|

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
06 / 23 / 2016

Transaction ID : SA11AI.6253

Amount of Each Receipt this Period

1200.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 56 GLENRIDGE RD

| | | |
|--------------------|-------------|-------------------|
| City WHITESBORO | State NY | Zip Code 13492 |
|--------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer FRED COLLIS & SONS | Occupation PRESIDENT |
|--|-------------------------|

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
06 / 28 / 2016

Transaction ID : SA11AI.6213

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)..... ▶

1750.00

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

PAGE 7 OF 49

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

COLLIS, JAMES, , ,**A.**

Mailing Address 56 GLENRIDGE RD

City

WHITESBORO

State

NY

Zip Code

13492

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRED COLLIS & SONS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAPHNIS, ASHLEY, , ,**B.**

Mailing Address 617 EMERALD ST

City

BROOKLYN

State

NY

Zip Code

11208

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARRY R. FEERST & ASSOCIATES

Occupation

SECURITY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID : SA11AI.6225

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAPHNIS, JACQUES, , ,**C.**

Mailing Address 617 EMERALD ST

City

BROOKLYN

State

NY

Zip Code

11208

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARRY R. FEERST & ASSOCIATES

Occupation

EMPLOYEE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID : SA11AI.6227

Amount of Each Receipt this Period

2700.00

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

5650.00

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)

PAGE 8 OF 49

☒ 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)
DAVIS, FREDERICK, K, ,

Mailing Address P.O. BOX 375
401 UTICA ST

City ORISKANY State NY Zip Code 13424

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
06 13 2016

Transaction ID : SA11AI.6064

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

B. 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 ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2016

Transaction ID : SA11AI.6185

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

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

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 Occupation ATTY ASSET MGR

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

Election Cycle-to-Date ▼
2300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2016

Transaction ID : SA11AI.6183

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

3300.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 49

☒ 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)
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 ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 13 2016

Transaction ID : SA11AI.6080

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DITTRICK, CHRISTY, , ,
Mailing Address 1055 MAYBERRY ST

City State Zip Code
WAVERLY AL 36879

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 ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 12 2016

Transaction ID : SA11AI.6294

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DON-AL REALTY CO
Mailing Address 5194 COMMERCIAL DR

City State Zip Code
YORKVILLE NY 13495

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 28 2016

Transaction ID : SA11AI.6117

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)..... ▶

1100.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6117

PARTNERSHIP ATTRIBUTION REQUESTED

Form/Schedule:

Transaction ID:

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 49

☒ 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)
ELIAS, BYRON, , ,

Mailing Address 9 LINDALE AVE

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

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

| | |
|-----------------------------------|----------------------------------|
| Name of Employer SELF-EMPLOYED | Occupation REAL ESTATE BROKER |
|-----------------------------------|----------------------------------|

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 27 2016

Transaction ID : SA11AI.6229

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 77 SEEKONK CROSS RD

| | | |
|--------------------------|-------------|-------------------|
| City GREAT BARRINGTON | State MA | Zip Code 01230 |
|--------------------------|-------------|-------------------|

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

| | |
|-------------------------|------------------------|
| Name of Employer N/A | Occupation INVESTOR |
|-------------------------|------------------------|

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 09 2016

Transaction ID : SA11AI.6296

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FEENEY, ROBERT, A, , MD

Mailing Address 103 W COURT ST

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

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer SELF EMPLOYED | Occupation PHYSICIAN |
|-----------------------------------|-------------------------|

Receipt For: 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 13 2016

Transaction ID : SA11AI.6085

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 49

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FEERST, BARRY, R, ,

A.

Mailing Address 194 SOUTH 8TH ST

City

BROOKLYN

State

NY

Zip Code

11211

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 27 2016

Transaction ID : SA11AI.6110

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FEERST, Nanci, , ,

B.

Mailing Address 194 SOUTH 8TH ST

City

BROOKLYN

State

NY

Zip Code

11211

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
06 27 2016

Transaction ID : SA11AI.6112

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FITZGERALD, MICHAEL, J, ,

C.

Mailing Address 6760 VALLEY VIEW RD

City

CLINTON

State

NY

Zip Code

13323

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 10 2016

Transaction ID : SA11AI.6062

Amount of Each Receipt this Period

600.00

☐ Memo Item
CONTRIBUTION

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

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

6000.00

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

PAGE 13 OF 49

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FITZGIBBON, ROBERT, , ,

Mailing Address 160 BROOKS RD

| | | |
|--------------|-------------|-------------------|
| City ROME | State NY | Zip Code 13441 |
|--------------|-------------|-------------------|

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

| | |
|---------------------------|------------------------|
| Name of Employer ALION | Occupation ENGINEER |
|---------------------------|------------------------|

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 / 24 / 2016 |

Transaction ID : SA11AI.6249

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FORT, BRIAN, T, MR,

Mailing Address PO BOX 4303

| | | |
|--------------|-------------|-------------------|
| City ROME | State NY | Zip Code 13442 |
|--------------|-------------|-------------------|

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

| | |
|-------------------------------|------------------------------------|
| Name of Employer NYS DOCCS | Occupation CORRECTIONS SERGEANT |
|-------------------------------|------------------------------------|

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 / 17 / 2016 |

Transaction ID : SA11AI.6091

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

☐ Memo Item
CONTRIBUTION

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

Mailing Address 1523 E 19TH ST

| | | |
|------------------|-------------|-------------------|
| City BROOKLYN | State NY | Zip Code 11230 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------------|
| Name of Employer BARRY R FEERST & ASSOCIATES | Occupation LEGAL ASSISTANT |
|---|-------------------------------|

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 / 27 / 2016 |

Transaction ID : SA11AI.6223

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)..... ▶

| |
|---------|
| 2900.00 |
|---------|

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

PAGE 14 OF 49

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

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GREENBERG, GARY, , ,

Mailing Address 737 HIGHMOUNT RD

| | | |
|------------------------|-------------|-------------------|
| City WEST COXSACKIE | State NY | Zip Code 12192 |
|------------------------|-------------|-------------------|

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERNON DOWNSOccupation
MINORITY 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 / 16 / 2016 |

Transaction ID : SA11AI.6279

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GRIFFITHS, RONALD, , MR., JR

Mailing Address 812 STONEHENGE DR

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

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCKHEED-MARTINOccupation
CHIEF ENGINEER

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 / 13 / 2016 |

Transaction ID : SA11AI.6074

Amount of Each Receipt this Period

700.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 1801 AVENUE W

| | | |
|------------------|-------------|-------------------|
| City BROOKLYN | State NY | Zip Code 11229 |
|------------------|-------------|-------------------|

FEC ID number of contributing
federal political committee.

C

Name of Employer
BARRY R. FEERST & ASSOCIATESOccupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 20 / 2016 |

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

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

3650.00

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

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

PAGE 15 OF 49

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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. JONCAS, WALTER, , ,

Mailing Address 4701 RIDGE RD

City

CAZENOVIA

State

NY

Zip Code

13035

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FORENSIC ENGINEER

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 | 9 | | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.6300

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KERNAN, JAMES, M, ,

Mailing Address 1407 UTICA ST

City

ORISKANY

State

NY

Zip Code

13424

FEC ID number of contributing
federal political committee.

C

Name of Employer

KERNAN ENGINEERING

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1598.91

Date of Receipt

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

Transaction ID : SA11AI.6081

Amount of Each Receipt this Period

1398.91

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. KERNAN, MARLENE, M, ,

Mailing Address 1310 UTICA ST

City

ORISKANY

State

NY

Zip Code

13424

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 |
| 0 | 6 | | 1 | 3 | | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.6090

Amount of Each Receipt this Period

2700.00

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

4348.91

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)

PAGE 16 OF 49

☒ 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)
KERNAN, MICHELE, E, ,

Mailing Address P.O. BOX 750

| | | |
|------------------|-------------|-------------------|
| City ORISKANY | State NY | Zip Code 13424 |
|------------------|-------------|-------------------|

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
06 / 13 / 2016

Transaction ID : SA11AI.6083

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LARNERD, ROBERT, W, ,

Mailing Address 22 HARTWELL RD

| | | |
|-----------------------|-------------|-------------------|
| City NEWARK VALLEY | State NY | Zip Code 13811 |
|-----------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer MAIN STREET BAPTIST CHURCH | Occupation JANITOR |
|--|-----------------------|

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 / 25 / 2016

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 5039 OLD IVY RD

| | | |
|---------------------------|-------------|-------------------|
| City PEACHTREE CORNERS | State GA | Zip Code 30096 |
|---------------------------|-------------|-------------------|

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
06 / 20 / 2016

Transaction ID : SA11AI.6270

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

2800.00

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

PAGE 17 OF 49

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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.**MELENDEZ, MADELINE, , ,**

Mailing Address 3102 HARDING AVE

City
BRONXState
NYZip Code
10465FEC ID number of contributing
federal political committee.

C

Name of Employer
BARRY R. FEERSTOccupation
EMPLOYEE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 27 | | 2016 |

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION
B.

Full Name (Last, First, Middle Initial)

MUTCH, J, BARCLAY, ,

Mailing Address 63 MINER AVE

City
CAMDENState
NYZip Code
13316FEC ID number of contributing
federal political committee.

C

Name of Employer
JLS CONSTRUCTIONOccupation
ESTIMATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 10 | | 2016 |

Transaction ID : SA11AI.6060

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

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 14 | | 2016 |

Transaction ID : SA11AI.6285

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)..... ▶

| |
|---------|
| 3000.00 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 49

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 22 2016

Transaction ID : SA11AI.6259

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PARKER, MICHAEL, , ,

B.

Mailing Address 7 INDIAN MOUND DR

City
WHITESBORO

State
NY

Zip Code
13492

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 18 2016

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PARKER, RENNY, , ,

C.

Mailing Address 10 2ND ST

City
CAMDEN

State
NY

Zip Code
13316

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 Y Y
06 30 2016

Transaction ID : SA11AI.6197

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)..... ▶

600.00

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 19 OF 49

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

SACCO, JAMES, , MR,

A.

Mailing Address 2305 HEMLOCK LN

City

VESTAL

State

NY

Zip Code

13850

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 13 2016

Transaction ID : SA11AI.6065

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCHEEHL, ROBERT, G, MR,

B.

Mailing Address PO BOX 112

City

WOODGATE

State

NY

Zip Code

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 22 2016

Transaction ID : SA11AI.6098

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCHLESIGNER, SAMUEL, , ,

C.

Mailing Address 4510 12TH AVE

City

BROOKLYN

State

NY

Zip Code

11219

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLSTATE ADMINISTRATORS

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 13 2016

Transaction ID : SA11AI.6076

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)..... ▶

3000.00

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

PAGE 20 OF 49

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

STEBELA, JANE, , ,**A.**

Mailing Address 119 THERESA BLVD

City

BINGHAMTON

State

NY

Zip Code

13901

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 ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.6297

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

VERSACE, ROCCO, L, ,**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WALSH, KEVIN, MICHAEL, ,**C.**

Mailing Address PO BOX 29

City

HOMER

State

NY

Zip Code

13077

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 | 6 | | 1 | 3 | | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.6292

Amount of Each Receipt this Period

100.00

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

450.00

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

41398.91

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 21 OF 49

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL RD

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing
federal political committee.

C C00053553

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
06 27 2016

Transaction ID : SA11C.6115

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RIGHT NOW WOMEN PAC

Mailing Address P.O. BOX 30844

City

BETHESDA

State

MD

Zip Code

20824

FEC ID number of contributing
federal political committee.

C C00551366

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
06 21 2016

Transaction ID : SA11C.6095

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

2000.00

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

2000.00

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

PAGE 22 OF 49

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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. 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 |
| 06 | 13 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5707.64

Transaction ID : SB17.6136

☐ 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 |
| 06 | 13 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1065.90

Transaction ID : SB17.6136.1

☒ Memo Item**C. HOBBY LOBBY**

Mailing Address 7707 SW 44TH ST

City
OKLAHOMA CITYState
OKZip Code
73179Purpose 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 | 13 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

187.28

Transaction ID : SB17.6136.3

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

5707.64

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 23 OF 49

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WAL-MART

Mailing Address 702 SW 8TH ST

City
BENTONVILLEState
ARZip Code
72716Purpose 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 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

138.80

Transaction ID : SB17.6136.5

☒ Memo Item**B. 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 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

149.43

Transaction ID : SB17.6136.11

☒ Memo Item**C. IDONATE PRO**

Mailing Address 1E 364 2ND ST

City
ENCINITASState
CAZip Code
92024Purpose of Disbursement
DATABASE MANAGEMENT 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 |
| 06 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.6136.15

☒ 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 24 OF 49

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GIOVANNI PIZZERIA

Mailing Address 12 E PARK ROW

City
CLINTONState
NYZip Code
13323Purpose 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 |
| 06 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

53.94

Transaction ID : SB17.6136.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. NIRCHI'S PIZZA

Mailing Address 215 WASHINGTON AVE

City
ENDICOTTState
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 |
| 06 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

108.34

Transaction ID : SB17.6136.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. 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 |
| 06 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

35.08

Transaction ID : SB17.6136.19

☒ 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 25 OF 49

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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. ANDREWS, HANNAH, , ,

Mailing Address 8592 SR 13

City
CANASTOTAState
NYZip Code
13032Purpose of Disbursement
MILEAGE/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 |
| 06 | 28 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

538.15

Transaction ID : SB17.6174

☐ Memo Item**B. ANEDOT**Mailing 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 | 09 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

67.29

Transaction ID : SB17.6122

☐ Memo Item**C. ANEDOT**Mailing 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 | 09 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

43.20

Transaction ID : SB17.6123

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

648.64

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 : SB17.6174

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 27 OF 49

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 |
| 06 | | 09 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

24.30

Transaction ID : SB17.6124

☐ 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 |
| 06 | | 10 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

136.05

Transaction ID : SB17.6131

☐ 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 | | 10 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

42.57

Transaction ID : SB17.6132

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

202.92

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 28 OF 49

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 |
| 06 | | 10 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6.55

Transaction ID : SB17.6133

☐ 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 |
| 06 | | 10 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4.20

Transaction ID : SB17.6134

☐ 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 | | 10 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3.52

Transaction ID : SB17.6135

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

14.27

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 29 OF 49

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 |
| 0 | 6 | | 1 | 3 | | 2 | 0 | 1 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

41.85

Transaction ID : SB17.6142

☐ Memo Item**B. ANEDOT**Mailing 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 |
| 0 | 6 | | 1 | 3 | | 2 | 0 | 1 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.30

Transaction ID : SB17.6143

☐ Memo Item**C. ANEDOT**Mailing 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 |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 1 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

240.21

Transaction ID : SB17.6161

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

294.36

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 30 OF 49

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 |
| 06 | 29 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

83.94

Transaction ID : SB17.6175

☐ 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 |
| 06 | 29 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

438.90

Transaction ID : SB17.6179

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BARRY ZEPLOWITZ & ASSOC

Mailing Address 300 PEARL ST STE 330

City
BUFFALOState
NYZip Code
14202Purpose of Disbursement
SURVEY RESEACH

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06 | 09 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.6121

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

4522.84

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 31 OF 49

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 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

594.30

Transaction ID : SB17.6155

☐ 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 |
| 06 | | 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

190.88

Transaction ID : SB17.6156

☐ 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 | | 27 | | 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

1562.06

Transaction ID : SB17.6164

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

2347.24

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 32 OF 49

| | | | |
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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. 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 | 29 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

480.43

Transaction ID : SB17.6176

☐ Memo Item

Full Name (Last, First, Middle Initial)

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 |
| 06 | 29 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1493.89

Transaction ID : SB17.6177

☐ 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 |
| 06 | 16 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.6151

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

2054.32

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 33 OF 49

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| <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

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 14 | | 2016 |

City
MOORESVILLEState
NCZip Code
28105Purpose of Disbursement
OFFICE SUPPLIES

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

219.46

Transaction ID : SB17.6146

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. LOWES

Mailing Address 1000 LOWES BLVD

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 16 | | 2016 |

City
MOORESVILLEState
NCZip Code
28105Purpose of Disbursement
OFFICE SUPPLIES

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

268.21

Transaction ID : SB17.6150

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. LOWES

Mailing Address 1000 LOWES BLVD

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 30 | | 2016 |

City
MOORESVILLEState
NCZip Code
28105Purpose of Disbursement
EQUIPMENT PURCHASE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

131.35

Transaction ID : SB17.6180

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

619.02

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 34 OF 49

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. NIRCHI'S PIZZA

Mailing Address 215 WASHINGTON AVE

City
ENDICOTTState
NYZip Code
13760Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 10 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

297.45

Transaction ID : SB17.6126

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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:

Category/
Type

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 10 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

299.06

Transaction ID : SB17.6128

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL MEDIA SERVICES INCMailing Address 215 LELAND AVE STE 102
STE 1600City
UTICAState
NYZip Code
13502Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 17 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

850.00

Transaction ID : SB17.6157

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

1446.51

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 35 OF 49

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. RIGHTSIDE COMPLIANCE

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 27 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : SB17.6166

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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:

Category/
Type

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 29 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB17.6178

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRATEGIC MEDIA PLACEMENT

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:

Category/
Type

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

33529.41

Transaction ID : SB17.6144

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

36529.41

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 36 OF 49

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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. STRATEGIC MEDIA PLACEMENT

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 06 / 24 / 2016 |

City
DELAWAREState
OHZip Code
43015

Purpose of Disbursement

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.6162

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. TARGETED CREATIVE COMMUNICATIONS, INC

Mailing Address 106 S COLUMBUS ST

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 06 / 13 / 2016 |

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PRINTING/POSTAGE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6352.00

Transaction ID : SB17.6138

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. TARGETED CREATIVE COMMUNICATIONS, INC

Mailing Address 106 S COLUMBUS ST

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 06 / 16 / 2016 |

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PRINTING/POSTAGE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8074.85

Transaction ID : SB17.6153

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

19426.85

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 37 OF 49

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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. TARGETED CREATIVE COMMUNICATIONS, INC

Mailing Address 106 S COLUMBUS ST

City
ALEXANDRIAState
VAZip Code
22314Purpose 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 |
| 06 | | 20 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6157.65

Transaction ID : SB17.6181

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TARGETED CREATIVE COMMUNICATIONS, INC

Mailing Address 106 S COLUMBUS ST

City
ALEXANDRIAState
VAZip Code
22314Purpose 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 |
| 06 | | 22 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6157.65

Transaction ID : SB17.6159

☐ 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 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 |
| 06 | | 28 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

8600.00

Transaction ID : SB17.6168

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

20915.30

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 38 OF 49

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. TOM CAVALLO'S BANQUET FACILITY

Mailing Address 40 GENESEE ST

City
NEW HARTFORDState
NYZip Code
13413Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 28 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1563.05

Transaction ID : SB17.6170

☐ 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 |
| 06 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6140

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TPE ENTERPRISES LLC

Mailing Address 7770 DUNGAN RD

City
PHILADELPHIAState
PAZip Code
19111Purpose 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 | | 13 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1559.97

Transaction ID : SB17.6141

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

6623.02

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 39 OF 49

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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. 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 |
| 06 | 28 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6171

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TPE ENTERPRISES LLC

Mailing Address 7770 DUNGAN RD

City
PHILADELPHIAState
PAZip Code
19111Purpose 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 | 28 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

384.72

Transaction ID : SB17.6172

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WAL-MART

Mailing Address 702 SW 8TH ST

City
BENTONVILLEState
ARZip Code
72716Purpose of Disbursement
TELEPHONE 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 |
| 06 | 10 | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

287.07

Transaction ID : SB17.6130

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

4171.79

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 49

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

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

NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. 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 |
| 06 | | 15 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.6148

☐ 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 |
| 06 | | 15 | | 2016 |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.51

Transaction ID : SB17.6149

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

3450.51

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

108974.64

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

PAGE 41 OF 49

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 42 OF 49

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)

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

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 43 OF 49

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)☐ 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

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 44 OF 49

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

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

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 45 OF 49

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)☐ 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

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^M /D 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 46 OF 49

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)☐ 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

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^M /D 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 47 OF 49

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 48 OF 49

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 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.5722

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID: