

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**TENNEY FOR CONGRESS**

ADDRESS (number and street) 28 ROBINSON ROAD  
 Check if different than previously reported. (ACC) CLINTON NY 13323

2. **FEC IDENTIFICATION NUMBER** ▼ C C00561183 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ 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 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

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

Type or Print Name of Treasurer WILLIAM F. LOCKE

Signature of Treasurer WILLIAM F. LOCKE [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**TENNEY FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 33053.00                | 75803.34                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 33053.00                | 75803.34                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 1044.72                 | 182678.04                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 1044.72                 | 182678.04                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 34977.15                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 110000.00               |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TENNEY FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 22500.00                              | 50973.01                                   |
| (ii) Unitemized.....   | 5553.00                               | 21696.73                                   |
| (iii) TOTAL of contributions from individuals ▶  | 28053.00                              | 72669.74                                   |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 5000.00                               | 3133.60                                    |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 33053.00                              | 75803.34                                   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 119000.00                                  |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 119000.00                                  |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 33053.00                              | 194803.34                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 1044.72                       | 182678.04                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 7000.00                            |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 7000.00                            |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 105.75                             |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 1044.72                       | 189783.79                          |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 2968.87  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 33053.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 36021.87 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 1044.72  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 34977.15 |

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

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

FOR LINE NUMBER: PAGE 5 OF 20  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA BRADY**

Mailing Address INFORMATION REQUESTED

City State Zip Code  
INFO REQUESTED 99999

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

Name of Employer INFORMATION REQUESTED    Occupation INFORMATION REQUESTED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.4925**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 180 SANFORD AVE

City State Zip Code  
CLINTON NY 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.4921**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN R DAVIS JR**

Mailing Address PO BOX 390

City State Zip Code  
AKRON NY 14001

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

Name of Employer INFORMATION REQUESTED    Occupation INFORMATION REQUESTED  
SQUARED R ELEMENT    PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.5092**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

5500.00

**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 20 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

A. Full Name (Last, First, Middle Initial)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Mailing Address **801 G STREET NW**  
City **WASHINGTON** State **DC** Zip Code **20001**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**12 / 28 / 2015**

**Transaction ID : SA11AI.4916**

Amount of Each Receipt this Period  
**2000.00**  
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**F NICHOLAS GIOTTO**

Mailing Address **INFORMATION REQUESTED**  
City **INFO REQUESTED** State **99999** Zip Code **99999**

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

Name of Employer Occupation  
**INFORMATION REQUESTED INFORMATION REQUESTED**

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.4927**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**RONALD GRIFFITHS 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 Occupation  
**LOCKHEED MARTIN SYSTEMS ENGINEERING MANAGER**

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  
**12 / 17 / 2015**

**Transaction ID : SA11AI.4910**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>5500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 20 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

**A.** Full Name (Last, First, Middle Initial)  
**SKIP HARTQUIST**

Mailing Address 4119 PARKGLEN CT, NW

City State Zip Code  
WASHINGTON DC 20007

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

Name of Employer Occupation  
KELLEY DRYE & WARREN LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11AI.5025**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL J HENNESSY**

Mailing Address 439 BETSINGER RD

City State Zip Code  
SHERRILL NY 13461

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : SA11AI.5088**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN M HUMPHREYS**

Mailing Address 3866 STATE ROUTE 12

City State Zip Code  
CLINTON NY 13323

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

Name of Employer Occupation  
INFORMATION REQUESTED 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  
12 / 31 / 2015

**Transaction ID : SA11AI.4929**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

1000.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 OF 20 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

**A.** Full Name (Last, First, Middle Initial)  
**LOIS A HUMPHREYS**

Mailing Address 8705 TIBBITS RD

City State Zip Code  
NEW HARTFORD NY 13413

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

Name of Employer Occupation  
INFORMATION REQUESTED 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  
12 31 2015

**Transaction ID : SA11AI.4920**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SEAN D KENNEDY**

Mailing Address 1603 A ST SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation  
AEI MANAGER

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  
12 31 2015

**Transaction ID : SA11AI.4954**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM F LOCKE**

Mailing Address 1709 SHERMAN DR

City State Zip Code  
UTICA NY 13501

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

Name of Employer Occupation  
ADIRONDACK BANK PRESIDENT OF FINANCIAL SERVICES

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  
12 29 2015

**Transaction ID : SA11AI.4919**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

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

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

3700.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 20 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

**A.** Full Name (Last, First, Middle Initial)  
**NICOLE MALLIOTAKIS**

Mailing Address **20 CLIFF ST APT 9H**

City **STATEN ISLAND** State **NY** Zip Code **10305**

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

Name of Employer **NEW YORK STATE ASSEMBLY** Occupation **ASSEMBLYWOMAN**

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  
**12 / 31 / 2015**

**Transaction ID : SA11AI.4934**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL N MCGREW**

Mailing Address **4777 LIMBERLOST LN**

City **MANILUS** State **NY** Zip Code **13104**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2015**

**Transaction ID : SA11AI.5087**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL B O'SHAUGHNESSY**

Mailing Address **ONE REVERE PARK**

City **ROME** State **NY** Zip Code **13440**

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

Name of Employer **REVERE COPPER** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : SA11AI.5026**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

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

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

**3200.00**

**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 10 OF 20 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL PARKER**

Mailing Address 7 INDIAN MOUND DR

City State Zip Code  
WHITESBORO NY 13492

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

Name of Employer Occupation  
RETIRED 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  
12 / 27 / 2015

**Transaction ID : SA11AI.5019**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT PETERMAN**

Mailing Address 3461 SENECA TPKE

City State Zip Code  
CANASTOTA NY 13032

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : SA11AI.5002**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DOUGLAS TARDUGNO**

Mailing Address 502 WEST CEDAR STREET

City State Zip Code  
ROME NY 13440

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : SA11AI.4918**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1000.00

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 11 OF 20 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT W TENNEY**

Mailing Address 476 STATE HIGHWAY 12B

City State Zip Code  
SHERBURNE NY 13460

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

Name of Employer Occupation  
MID YORK PRESS PRESIDENT

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  
12 / 21 / 2015

**Transaction ID : SA11AI.4911**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM EDWARD TRACHMAN**

Mailing Address 8661 E. 26TH AVENUE

City State Zip Code  
DENVER CO 80238

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

Name of Employer Occupation  
LITTLER MENDELSON ATTORNEY

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  
12 / 21 / 2015

**Transaction ID : SA11AI.5023**

Amount of Each Receipt this Period  
350.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN MICHAEL WALSH**

Mailing Address PO BOX 29

City State Zip Code  
HOMER NY 13077

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

Name of Employer Occupation  
RETIRED 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  
12 / 24 / 2015

**Transaction ID : SA11AI.5020**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

2600.00

22500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

|                                      |                                     |  |                                    |
|--------------------------------------|-------------------------------------|--|------------------------------------|
| FOR LINE NUMBER:<br>(check only one) |                                     | PAGE 12 OF 20                                  |                                    |
| <input type="checkbox"/> 11a<br>12   | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|                                      |                                     | <input type="checkbox"/> 15                    |                                    |

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

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

**A.** Full Name (Last, First, Middle Initial)  
**CITIZENS UNITED POLITICAL VICTORY FUND**

Mailing Address 1006 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00295527

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11C.5095**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 13 OF 20                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CLAUDIA TENNEY</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2015  |
| Mailing Address 12 SLAYTONBUSH LANE                                 |  | Amount of Each Disbursement this Period<br>945.72  |
| City<br>UTICA   | State<br>NY  |  |
| Zip Code<br>13501   | Purpose of Disbursement<br>TRAVEL/FACILITY RENTAL/CATERING   | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: NY   | District: 22   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CHESAPEAKE ROOM</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2015  |
| Mailing Address 501 8TH ST SE  |   | Amount of Each Disbursement this Period<br>280.30  |
| City<br>WASHINGTON   | State<br>DC   |  |
| Zip Code<br>20003  | Purpose of Disbursement<br>FOOD/BEVERAGE  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State:   | District:   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HOLIDAY INN</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2015  |
| Mailing Address PO BOX 30321                                     |   | Amount of Each Disbursement this Period<br>436.61  |
| City<br>SALT LAKE CITY   | State<br>UT   |  |
| Zip Code<br>84130  | Purpose of Disbursement<br>TRAVEL   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State:   | District:   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 945.72 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 945.72 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4900

NO ADDITIONAL ITEMIZATION REQUIRED

Form/Schedule:

Transaction ID:

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

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

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)

[PERSONAL FUNDS]

Election: 2014

CLAUDIA TENNEY

Primary

General

Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

50000.00

Cumulative Payment To Date

9000.00

Balance Outstanding at Close of This Period

41000.00

**TERMS**

Date Incurred

M 04 /

D 01 /

Y 2014 Y

Date Due

M M /

D D /

ON DEMAND Y Y

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

41000.00

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

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

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

NAME OF COMMITTEE (In Full) **TENNEY FOR CONGRESS** Transaction ID : **SC/10.4483**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **CLAUDIA TENNEY** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
12 SLAYTONBUSH LANE

City State ZIP Code  
UTICA NY 13501

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>40000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>40000.00 |
|-------------------------------------|------------------------------------|---|

**TERMS**

Date Incurred: M 04 / D 25 / Y 2014  
Date Due: M / D / Y ON DEMAND  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

|  |                                    |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

**SUBTOTALS** This Period This Page (optional)..... ▶ 40000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

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

NAME OF COMMITTEE (In Full) **TENNEY FOR CONGRESS** Transaction ID : **SC/10.4482**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **CLAUDIA TENNEY** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 12 SLAYTONBUSH LANE

City State ZIP Code  
 UTICA NY 13501

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>10000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>10000.00 |
|-------------------------------------|------------------------------------|---|

**TERMS**

|                                       |                                   |                               |   |
|---------------------------------------|-----------------------------------|-------------------------------|---|
| Date Incurred<br>M 05 / D 30 / Y 2014 | Date Due<br>M M / D D / ON DEMAND | Interest Rate<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ] |

|  |   |          |
|--|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | ▶ | 10000.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | ▶ | [ ]      |

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

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

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

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)

[PERSONAL FUNDS]

Election: 2014

CLAUDIA TENNEY

Primary

General

Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

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

Date Due

M / M / Y Y Y Y  
ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

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

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

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

NAME OF COMMITTEE (In Full) **TENNEY FOR CONGRESS** Transaction ID : **SC/10.4860**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **CLAUDIA TENNEY** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 12 SLAYTONBUSH LANE

City State ZIP Code  
 UTICA NY 13501

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan<br>10000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>10000.00 |
|-------------------------------------|------------------------------------|---|

**TERMS**

|                                       |                                   |                               |   |
|---------------------------------------|-----------------------------------|-------------------------------|---|
| Date Incurred<br>M 07 / D 11 / Y 2014 | Date Due<br>M M / D D / ON DEMAND | Interest Rate<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ] |

|  |   |          |
|--|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | ▶ | 10000.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | ▶ | [ ]      |

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

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

NAME OF COMMITTEE (In Full) **TENNEY FOR CONGRESS** Transaction ID : **SC/10.4864**

|   |   |
|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br><b>CLAUDIA TENNEY</b> | Election: 2014<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>12 SLAYTONBUSH LANE  |   |

|       |       |          |
|-------|-------|----------|
| City  | State | ZIP Code |
| UTICA | NY    | 13501    |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 4000.00                 | 0.00                       | 4000.00                                     |

**TERMS**

|                |           |               |   |
|----------------|-----------|---------------|---|
| Date Incurred  | Date Due  | Interest Rate | Secured:  |
| 07 / 23 / 2014 | ON DEMAND | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ] |

|  |           |
|--|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | 4000.00   |
| <b>TOTALS</b> This Period (last page in this line only)..... | 110000.00 |

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