

# 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  
Friends of Matt Doheny Inc.

ADDRESS (number and street) 215 Washington Street  
 Check if different than previously reported. (ACC) Watertown NY 13601

2. **FEC IDENTIFICATION NUMBER** ▼ C C00560797 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
NY 21

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 through M M / D D / Y Y Y Y  
06 / 05 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jeffrey Kirkby  
Signature of Treasurer Jeffrey Kirkby [Electronically Filed] Date M M / D D / Y Y Y Y  
06 / 20 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Friends of Matt Doheny Inc.**

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

	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))....	19944.00	399332.18
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19944.00	397332.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	17.72	455637.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17.72	455637.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	192195.17	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	250500.00	

**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

Friends of Matt Doheny Inc.

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

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).....	18049.00	383663.18
(ii) Unitemized.....	1895.00	11169.00
(iii) TOTAL of contributions from individuals ▶	19944.00	394832.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	19944.00	399332.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	250500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	250500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19944.00	649832.18

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	17.72	455637.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	17.72	457637.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	172268.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19944.00
25. SUBTOTAL (add Line 23 and Line 24).....	192212.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	192195.17

**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 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Friends of Matt Doheny Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**John Brecker**

Mailing Address **277 Westend Avenue**  
**Apt 4D**

City **New York** State **NY** Zip Code **10023**

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

Name of Employer **Self Employed** Occupation **Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**999.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : SA11AI.4992**

Amount of Each Receipt this Period  
**999.00**

Primary Contribution

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

Mailing Address **P. O. Box 201**

City **Watertown** State **NY** Zip Code **13601**

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

Name of Employer **Information requested** Occupation **Information requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : SA11AI.5012**

Amount of Each Receipt this Period  
**500.00**

Primary Contribution

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

Mailing Address **P. O. Box 6189**

City **Watertown** State **NY** Zip Code **13601**

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

Name of Employer **UBS Financial Service** Occupation **Investments**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.5020**

Amount of Each Receipt this Period  
**500.00**

Primary Contribution

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

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

**1999.00**

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

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NAME OF COMMITTEE (In Full)  
**Friends of Matt Doheny Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**John Fox**

Mailing Address 152 Fox Drive

City State Zip Code  
Mayfield NY 12117

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

Name of Employer Occupation  
Self Employed Oral Surgery

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2014

**Transaction ID : SA11AI.4973**

Amount of Each Receipt this Period  
250.00

Primary Contribution

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

Mailing Address 355 South Grand Avenue

City State Zip Code  
Los Angeles CA 90071

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

Name of Employer Occupation  
Latham & Watkins LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2014

**Transaction ID : SA11AI.4686**

Amount of Each Receipt this Period  
1000.00

Primary Contribution

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

Mailing Address 300 North LaSalle  
Suite 2400

City State Zip Code  
Chicago IL 60654

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

Name of Employer Occupation  
Kirkland & Ellis LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : SA11AI.4745**

Amount of Each Receipt this Period  
500.00

Primary Contribution

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

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

1750.00

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

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

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NAME OF COMMITTEE (In Full)  
**Friends of Matt Doheny Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John J Layden**

Mailing Address 90 South Street

City State Zip Code  
Glens Falls NY 12801

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

Name of Employer Occupation  
Adirondack Cardiology Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11AI.4696**

Amount of Each Receipt this Period  
1000.00

Primary Contribution

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

Mailing Address 20871 County Route 63

City State Zip Code  
Watertown NY 13601

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

Name of Employer Occupation  
Knowlton Technologies, LLC Technology

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11AI.4965**

Amount of Each Receipt this Period  
1000.00

Primary Contribution

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

Mailing Address 550 S. Hill Road

City State Zip Code  
Los Angeles CA 90013

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

Name of Employer Occupation  
Levy Diamond Diamond Manufacturer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.4918**

Amount of Each Receipt this Period  
1000.00

Primary 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 8 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Matt Doheny Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Betty Little**

Mailing Address P. O. Box 4730

City: Queensbury State: NY Zip Code: 12804

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

Name of Employer: NYS Senate Occupation: Senator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 19 / 2014

**Transaction ID : SA11AI.5023**

Amount of Each Receipt this Period: 500.00

Primary Contribution

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

Mailing Address 6 Cobblestone Drive

City: Queensbury State: NY Zip Code: 12804

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 09 / 2014

**Transaction ID : SA11AI.4698**

Amount of Each Receipt this Period: 250.00

Primary Contribution

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

Mailing Address 130 Jane Street, Apt 5E

City: New York State: NY Zip Code: 10014

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

Name of Employer: CIT Group Inc. Occupation: Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 16 / 2014

**Transaction ID : SA11AI.4959**

Amount of Each Receipt this Period: 2600.00

Primary Contribution

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

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

3350.00



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

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NAME OF COMMITTEE (In Full)  
**Friends of Matt Doheny Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Shannon Nagle**

Mailing Address 130 Jane Street, Apt 5E

City State Zip Code  
New York NY 10014

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

Name of Employer Occupation  
CIT Group Inc. Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : SA11AI.4961**

Amount of Each Receipt this Period  
2600.00

General Contribution

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

Mailing Address 566 Coffeen Street

City State Zip Code  
Watertown NY 13601

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

Name of Employer Occupation  
Purcell Construction Corp. Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.4997**

Amount of Each Receipt this Period  
500.00

Primary Contribution

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

Mailing Address P. O. Box 145

City State Zip Code  
Kattskill Bay NY 12844

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2014

**Transaction ID : SA11AI.4692**

Amount of Each Receipt this Period  
1000.00

Primary Contribution

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

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

4100.00

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

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NAME OF COMMITTEE (In Full)  
**Friends of Matt Doheny Inc.**

Full Name (Last, First, Middle Initial) <b>A. Bob Safai</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 12121 Wilshire Blvd		<b>Transaction ID : SA11AI.4899</b>
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Madison Partners	Occupation Real Estate	Primary Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. David Schwenker</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 6 St. Andrews Drive		<b>Transaction ID : SA11AI.5025</b>
City Queensbury	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Primary Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Tuchin</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1999 Avenue of the Stars 39th Floor		<b>Transaction ID : SA11AI.4778</b>
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Klee Tuchin Bogdanoff & Stern	Occupation Attorney	Primary Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3850.00
<b>TOTAL</b> This Period (last page this line number only).....	18049.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Matt Doheny Inc.**

Full Name (Last, First, Middle Initial) <b>A. Southwest</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P. O. Box 36647-1CR		Amount of Each Disbursement this Period -214.00 <b>Transaction ID : SB17.5022</b>
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Flight Refund	Category/ Type 002
Candidate Name <b>Friends of Matt Doheny Inc.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. Trnasaxt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.5027</b>
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Merchant Credit Card Fees	Category/ Type 001
Candidate Name <b>Friends of Matt Doheny Inc.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>c. Trnasaxt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period 186.72 <b>Transaction ID : SB17.4971</b>
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Merchant Credit Card Fees	Category/ Type 001
Candidate Name <b>Friends of Matt Doheny Inc.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17.72
<b>TOTAL</b> This Period (last page this line number only).....	17.72

**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) **Friends of Matt Doheny Inc.** Transaction ID : **SC/10.4114**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MATTHEW A. DOHENY</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 215 WASHINGTON STREET		

City	State	ZIP Code
WATERTOWN	NY	13601

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
03 / 06 / 2014	12/31/14	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).....	500.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **Friends of Matt Doheny Inc.** Transaction ID : **SC/10.4115**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MATTHEW A. DOHENY</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 215 WASHINGTON STREET		

City	State	ZIP Code
WATERTOWN	NY	13601

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2014	M M / D D / Y 12/31/14	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="250000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="250500.00"/>

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