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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| ,  |   |                 |  |          |
|--|---|-----------------|--|----------|
| 1. NAME OF COMMITTEE IN FULL TENNEY FOR CONGRESS  ADDRESS (number and street) 28 ROBINSON ROAD |   |                 | ]  |          |
|  |   |                 |  |          |
| CITY, STATE, and ZIP CODE CLINTON  | NY 1332   | 23              | _  |          |
| 2. NAME OF CANDIDATE   | 3. OFFICE SOUGHT (State and District) House NY 22 |                 | 4. FEC IDENTIFICATION  | N NUMBER |
| CLAUDIA TENNEY   |   |                 | C00561183  |          |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING   | YES, IT AMENDS THE                                | NOTICE FILED ON | //   | /        |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE   | Name of Employer                                  |                 | Date (month,   | Amount   |
| EDWARD KOWALSKY  | EMPIRE RECYCLING CORP                             |                 | day, year)   |          |
| LDWAND NOWALSKI  | LIMI INC NECTOLING CON                            |                 |  |          |
| DO DOV 544   |   |                 | 06/05/2014   | 1000.00  |
| PO BOX 514   |   |                 |  |          |
|  | Transaction ID : F6.4108                          |                 |  |          |
| UTICA NY 13503   | Occupation  |                 |  |          |
|  | BUSINESSMAN                                       |                 |  |          |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE   | Name of Employer                                  |                 | Date (month,<br>day, year)   | Amount   |
|  |   |                 |  |          |
|  | Occupation  |                 |  |          |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE   | Name of Employer                                  |                 | Date (month,<br>day, year)   | Amount   |
|  | Occupation  |                 |  |          |
| D. FULL NAME MAILING ADDRESS AND TIP CODE  | Name of Francisco                                 |                 | Date (month,   | Amount   |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE   | Name of Employer                                  |                 | day, year)   | Amount   |
|  | Occupation  |                 |  |          |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE   | Name of Employer                                  |                 | Date (month, day, year)  | Amount   |
|  |   |                 |  |          |
|  | Occupation  |                 |  |          |
| SIGNATURE (optional)  MELODIE JOHNSON  | [Electronically Filed] DATE 06/07/2014            |                 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |          |

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

