

**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

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00561183

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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

through

M M /

D D /

Y Y Y Y

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

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

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:

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 / 42

FEC Form 3 (Revised 12/2003)

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).....**

40548.91

149848.91

(ii) Unitemized.....

4315.00

30892.50

(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 of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 42

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:

PAGE 5 OF 42

(check only one)

<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	

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)

MR DAVID S ALLEN

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

SELF EMPLOYED

Occupation

REALTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

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

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period

750.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

SAEED A BAJWA

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
06		13		2016

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARION BICKFORD

Mailing Address 4802 ORMONDE DR

City

CAZENOVIA

State

NY

Zip Code

13035

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	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:

PAGE 6 OF 42

(check only one)

<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)

JOSEPH A CIRUCCI

A.

Mailing Address 612 MARCELLA STREET

City

ENDICOTT

State

NY

Zip Code

13760

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCKHEED MARTINOccupation
ENGINEERING MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

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

Transaction ID : SA11AI.6071

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

THERESE COJOCARU

B.

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 LLPOccupation
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
06		23		2016

Transaction ID : SA11AI.6253

Amount of Each Receipt this Period

1200.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES COLLIS

C.

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 & SONSOccupation
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	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 Page

FOR LINE NUMBER:

PAGE 7 OF 42

(check only one)

<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)

JAMES COLLIS

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 & SONSOccupation
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ASHLEY DAPHNIS

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 & ASSOCIATESOccupation
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
06		27		2016

Transaction ID : SA11AI.6225

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

JACQUES DAPHNIS

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
BRFOccupation
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.6227

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).....

5650.00

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

PAGE 8 OF 42

<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)
MR FREDRICK K DAVIS

Mailing Address **PO 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
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)
MARILYN DENGLER

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
400.00

Date of Receipt

M M	/	D D	/	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)
JAMES DEVINE

Mailing Address **624 DEERFIELD DR**

City **ONEIDA** State **NY** Zip Code **13421**

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
400.00

Date of Receipt

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

Transaction ID : SA11AI.6080

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).....

3200.00

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

PAGE 9 OF 42

<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)
CHRISTY DITTRICK

Mailing Address 1055 MAYBERRY ST

City WAVERLY State AL Zip Code 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
500.00

Date of Receipt

M M	D D	Y Y Y Y
06	12	2016

Transaction ID : SA11Al.6294

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DON-AL REALTY CO

Mailing Address 5194 COMMERCIAL DR

City YORKVILLE State NY Zip Code 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
06	28	2016

Transaction ID : SA11Al.6117

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 77 SEEKONK CROSS RD

City GREAT BARRINGTON State MA Zip Code 91230

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
06	09	2016

Transaction ID : SA11Al.6296

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 42

(check only one)

<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)

BARRY R FEERST

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

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
06		27		2016

Transaction ID : SA11AI.6110

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

NANCI FEERST

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
06		27		2016

Transaction ID : SA11AI.6112

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL J FITZGERALD

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
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 RECEIPTS**

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

FOR LINE NUMBER:

PAGE 11 OF 42

(check only one)

<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)

MR BRIAN T FORT

Mailing Address PO BOX 4303

City

ROME

State

NY

Zip Code

13442

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

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.6091

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MOSHE GOLDSTEIN

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
06		27		2016

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

GARY GREENBERG

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 DOWNS

Occupation

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
06		16		2016

Transaction ID : SA11AI.6279

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).....

3050.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 42

(check only one)

<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)

MR RONALD GRIFFITHS JR

Mailing Address 812 STONEHENGE DR

City
VESTALState
NYZip Code
13850FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCKHEED-MARTINOccupation
SYSTEMS ENGINEERING MANAGER

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		13		2016

Transaction ID : SA11AI.6074

Amount of Each Receipt this Period

700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARC ILLISH

Mailing Address 1801 AVENUE W

City
BROOKLYNState
NYZip Code
11229FEC 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
06		20		2016

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

WALTER JONCAS

Mailing Address 4701 RIDGE RD

City
CAZENOVIAState
NYZip Code
13035FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
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
06		09		2016

Transaction ID : SA11AI.6300

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).....

3650.00

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 42

<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)
JAMES M KERNAN

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
06 / 13 / 2016

Transaction ID : SA11AI.6081

Amount of Each Receipt this Period

1398.91

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARLENE M KERNAN

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
06 / 13 / 2016

Transaction ID : SA11AI.6090

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHELE E KERNAN

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
06 / 13 / 2016

Transaction ID : SA11AI.6083

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).....

6798.91

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

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

FOR LINE NUMBER:

PAGE 14 OF 42

(check only one)

<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)

MADELINE MELENDEZ**A.**

Mailing Address 3102 HARDING AVE

City

BRONX

State

NY

Zip Code

10465

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARRY R. FEERST

Occupation

EMPLOYEE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

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

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

J BARCLAY MUTCH**B.**

Mailing Address 63 MINER AVE

City

CAMDEN

State

NY

Zip Code

13316

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLS CONSTRUCTION

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

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

Transaction ID : SA11AI.6060

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES H. PAGE**C.**

Mailing Address 6042 SLEEPY HOLLOW RD

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y 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:

PAGE 15 OF 42

(check only one)

<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)

RENNY PARKER

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
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

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

Transaction ID : SA11AI.6197

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT A FEENEY 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

Occupation

DOCTOR

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

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

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR JAMES SACCO

Mailing Address 53 CHENANGO ST 7TH FL

City

BINGHAMTON

State

NY

Zip Code

13901

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

550.00

Date of Receipt

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

Transaction ID : SA11AI.6065

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).....

750.00

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

PAGE 16 OF 42

<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)
MR R G SCHEEHL

Mailing Address **PO BOX 112**

City **WOODGATE** State **NY** Zip Code **13421**

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
06		22		2016

Transaction ID : SA11AI.6098

Amount of Each Receipt this Period

50.00☐ Memo Item
CONTRIBUTION

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

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
06		13		2016

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period

2700.00☐ Memo Item
CONTRIBUTION

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

Mailing Address **119 THERESA BLVD**

City **BINGHAMTON** State **NY** Zip Code **13901**

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
06		09		2016

Transaction ID : SA11AI.6297

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).....**2850.00**

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

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

FOR LINE NUMBER:

PAGE 17 OF 42

(check only one)

<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. ROCCO VERSACE

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 OFFICEOccupation
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
06		20		2016

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KEVIN MICHAEL WALSH

Mailing Address PO BOX 29

City

HOMER

State

NY

Zip Code

13077

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

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

Transaction ID : SA11AI.6292

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

350.00

40548.91

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 18 OF 42

☐ 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)
NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL RD

City State Zip Code
FAIRFAX VA 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

B. Full Name (Last, First, Middle Initial)
RIGHT NOW WOMEN PAC

Mailing Address P.O. BOX 30844

City State Zip Code
BETHESDA MD 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

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

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

2000.00

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 19 OF 42

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

5707.64

☐ Memo Item

Transaction ID : SB17.6136

B. HANNAH ANDREWS

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

Amount of Each Disbursement this Period

538.15

☐ Memo Item

Transaction ID : SB17.6174

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		09		2016

Amount of Each Disbursement this Period

67.29

☐ Memo Item

Transaction ID : SB17.6122

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6313.08

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**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 20 OF 42

<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 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

43.20

☐ Memo Item

Transaction ID : SB17.6123

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

24.30

☐ Memo Item

Transaction ID : SB17.6124

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

136.05

☐ Memo Item

Transaction ID : SB17.6131

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

203.55

**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 21 OF 42

<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 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

42.57

☐ Memo Item

Transaction ID : SB17.6132

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

6.55

☐ Memo Item

Transaction ID : SB17.6133

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

4.20

☐ Memo Item

Transaction ID : SB17.6134

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

53.32

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**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 42

<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 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

57.67

☐ Memo Item

Transaction ID : SB17.6135

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

41.85

☐ Memo Item

Transaction ID : SB17.6142

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

12.30

☐ Memo Item

Transaction ID : SB17.6143

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

57.67

**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 23 OF 42

<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 State Zip Code
BATON ROUGE LA 70808Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

240.21

☐ Memo Item

Transaction ID : SB17.6161

B. ANEDOTMailing Address 5555 HILTON AVE
STE 106City State Zip Code
BATON ROUGE LA 70808Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

Amount of Each Disbursement this Period

83.94

☐ Memo Item

Transaction ID : SB17.6175

C. ANEDOTMailing Address 5555 HILTON AVE
STE 106City State Zip Code
BATON ROUGE LA 70808Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

Amount of Each Disbursement this Period

438.90

☐ Memo Item

Transaction ID : SB17.6179

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

763.05

**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 24 OF 42

<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. BARRY ZEPLOWITZ & ASSOCIATES

Mailing Address 300 PEARL ST STE 330

City	State	Zip Code
BUFFALO	NY	14202

Purpose of Disbursement
SURVEY RESEACH

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Transaction ID : SB17.6121

B. CAMPAIGN MARKETING STRATEGIES

Mailing Address 3420 WILSON BLVD STE 202

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 17 / 2016

Amount of Each Disbursement this Period

594.30

☐ Memo Item

Transaction ID : SB17.6155

C. CAMPAIGN MARKETING STRATEGIES

Mailing Address 3420 WILSON BLVD STE 202

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 17 / 2016

Amount of Each Disbursement this Period

190.88

☐ Memo Item

Transaction ID : SB17.6156

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4785.18

**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 25 OF 42

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAMPAIGN MARKETING STRATEGIES

Mailing Address 3420 WILSON BLVD STE 202

Date of Disbursement

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

City	State	Zip Code
ARLINGTON	VA	22201

Amount of Each Disbursement this Period

1562.06

Purpose of Disbursement
FUNDRAISING PHONE CALLSCategory/
Type☐ Memo Item

Transaction ID : SB17.6164

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

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		29		2016

City	State	Zip Code
ARLINGTON	VA	22201

Amount of Each Disbursement this Period

480.43

Purpose of Disbursement
FUNDRAISING PHONE CALLSCategory/
Type☐ Memo Item

Transaction ID : SB17.6176

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

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		29		2016

City	State	Zip Code
ARLINGTON	VA	22201

Amount of Each Disbursement this Period

1493.89

Purpose of Disbursement
FUNDRAISING PHONE CALLSCategory/
Type☐ Memo Item

Transaction ID : SB17.6177

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3536.38

**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 26 OF 42

<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. GINA FORT

Mailing Address PO BOX 4303

City	State	Zip Code
ROME	NY	13442

Purpose 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

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Transaction ID : SB17.6151

B. LOWES

Mailing Address 1000 LOWES BLVD

City	State	Zip Code
MOORESVILLE	NC	28117

Purpose 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		14		2016

Amount of Each Disbursement this Period

219.46

☐ Memo Item

Transaction ID : SB17.6146

C. LOWES

Mailing Address 1000 LOWES BLVD

City	State	Zip Code
MOORESVILLE	NC	28117

Purpose 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		16		2016

Amount of Each Disbursement this Period

268.21

☐ Memo Item

Transaction ID : SB17.6150

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

567.67

**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 42

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LOWES

Mailing Address 1000 LOWES BLVD

City	State	Zip Code
MOORESVILLE	NC	28117

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

131.35

☐ Memo Item

Transaction ID : SB17.6180

B. NIRCHI'S ON THE AVENUE

Mailing Address 215 WASHINGTON AVE

City	State	Zip Code
ENDICOTT	NY	13760

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

297.45

☐ Memo Item

Transaction ID : SB17.6126

C. PRESTO-PRINT

Mailing Address 331 E 400 S

City	State	Zip Code
SALT LAKE CITY	UT	84111

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

299.06

☐ Memo Item

Transaction ID : SB17.6128

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

727.86

**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 42

<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. PROFESSIONAL MEDIA SERVICES INCMailing Address 215 LELAND AVE STE 102
STE 1600City State Zip Code
UTICA NY 13502Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Transaction ID : SB17.6157

B. RIGHTSIDE COMPLIANCE

Mailing Address PO BOX 341027

City State Zip Code
AUSTIN TX 78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

Transaction ID : SB17.6166

C. SMITH HILL PROPERTIES

Mailing Address 231 DOUGLAS AVE

City State Zip Code
PROVIDENCE RI 02908Purpose of Disbursement
RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

Amount of Each Disbursement this Period

1300.00

☐ Memo Item

Transaction ID : SB17.6178

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3850.00

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**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 42

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRATEGIC MEDIA PLACEMENT

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

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

City	State	Zip Code
DELAWARE	OH	43015

Amount of Each Disbursement this Period

33529.41

Purpose of Disbursement
MEDIACategory/
Type☐ Memo Item

Transaction ID : SB17.6144

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. STRATEGIC MEDIA PLACEMENT

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

City	State	Zip Code
DELAWARE	OH	43015

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Category/
Type☐ Memo Item

Transaction ID : SB17.6162

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

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		13		2016

City	State	Zip Code
ALEXANDRIA	VA	22314

Amount of Each Disbursement this Period

6352.00

Purpose of Disbursement
PRINTING/POSTAGECategory/
Type☐ Memo Item

Transaction ID : SB17.6138

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

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

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

44881.41

**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 42

<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. TARGETED CREATIVE COMMUNICATIONS INC

Mailing Address 106 S COLUMBUS ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose 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		16		2016

Amount of Each Disbursement this Period

8074.85

☐ Memo Item

Transaction ID : SB17.6153

B. TARGETED CREATIVE COMMUNICATIONS INC

Mailing Address 106 S COLUMBUS ST

City	State	Zip Code
ALEXANDRIA	VA	22314

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
06		20		2016

Amount of Each Disbursement this Period

6157.65

☐ Memo Item

Transaction ID : SB17.6181

C. TARGETED CREATIVE COMMUNICATIONS INC

Mailing Address 106 S COLUMBUS ST

City	State	Zip Code
ALEXANDRIA	VA	22314

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
06		22		2016

Amount of Each Disbursement this Period

6157.65

☐ Memo Item

Transaction ID : SB17.6159

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20390.15

**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 42

<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. THE STRATEGY GROUP FOR MEDIA

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
DELAWARE	OH	43015

Amount of Each Disbursement this Period

8600.00

Purpose of Disbursement
MEDIA PRODUCTIONCategory/
Type

Candidate Name

☐ Memo Item

Transaction ID : SB17.6168

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. TOM CAVALLO'S BANQUET FACILITY

Mailing Address 40 GENESEE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
NEW HARTFORD	NY	13413

Amount of Each Disbursement this Period

1563.05

Purpose of Disbursement
FACILITY RENTALCategory/
Type

Candidate Name

☐ Memo Item

Transaction ID : SB17.6170

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C. TPE ENTERPRISES INC

Mailing Address 7770 DUNGAN RD

Date of Disbursement

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

City	State	Zip Code
PHILADELPHIA	PA	19111

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement
POLITICAL STRATEGY CONSULTINGCategory/
Type

Candidate Name

☐ Memo Item

Transaction ID : SB17.6140

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13663.05

**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 42

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

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NAME OF COMMITTEE (In Full)

TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TPE ENTERPRISES INC

Mailing Address 7770 DUNGAN RD

City	State	Zip Code
PHILADELPHIA	PA	19111

Purpose 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

Amount of Each Disbursement this Period

1559.97

☐ Memo Item

Transaction ID : SB17.6141

B. TPE ENTERPRISES INC

Mailing Address 7770 DUNGAN RD

City	State	Zip Code
PHILADELPHIA	PA	19111

Purpose 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

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Transaction ID : SB17.6171

C. TPE ENTERPRISES INC

Mailing Address 7770 DUNGAN RD

City	State	Zip Code
PHILADELPHIA	PA	19111

Purpose 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

Amount of Each Disbursement this Period

384.72

☐ Memo Item

Transaction ID : SB17.6172

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5444.69

**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 42

<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. WAL-MART

Mailing Address 702 SW 8TH ST

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

287.07

☐ Memo Item

Transaction ID : SB17.6130

B. LESLIE WALLACE

Mailing Address 4483 LINCOLN POND RD

City	State	Zip Code
NEW RUSSIA	NY	12964

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 15 / 2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.6148

C. LESLIE WALLACE

Mailing Address 4483 LINCOLN POND RD

City	State	Zip Code
NEW RUSSIA	NY	12964

Purpose of Disbursement
TRAVEL - MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 15 / 2016

Amount of Each Disbursement this Period

450.51

☐ Memo Item

Transaction ID : SB17.6149

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3737.58

108974.64

SCHEDULE C (FEC Form 3)
LOANS

PAGE 34 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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** ☐ Memo Item

CLAUDIA TENNEY

Election: 2014

☒ 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 M / D D / Y Y Y Y
04 / 01 / 2014

Date Due

M M / D D / 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)..... ►

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

PAGE 35 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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) **PERSONAL FUNDS** ☐ Memo Item

CLAUDIA TENNEY

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M M / D D / Y Y
04 / 25 / 2014

Date Due

M M / D D / 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)..... ►

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

PAGE 36 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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) **PERSONAL FUNDS** ☐ Memo Item**CLAUDIA TENNEY**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 30 / 2014

Date Due

M M / D D / 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)..... ►

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)
LOANS

PAGE 37 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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** ☐ Memo Item

CLAUDIA TENNEY

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
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
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 20 / 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:

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

PAGE 38 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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) **PERSONAL FUNDS** ☐ Memo Item

CLAUDIA TENNEY

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
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
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 11 / Y 2014	M / D / Y 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:

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)
LOANS

PAGE 39 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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**CLAUDIA TENNEY**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 23 / 2014

Date Due

M M / D D / 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)..... ►

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)
LOANS

PAGE 40 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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) **PERSONAL FUNDS** ☐ Memo Item

CLAUDIA TENNEY

Election: 2016

☒ 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

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
02 / 23 / 2016

Date Due

M M / D D / 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)..... ►

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)
LOANS

PAGE 41 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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) **PERSONAL FUNDS** ☐ Memo Item**CLAUDIA TENNEY**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

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

Date Due

M M / D D / 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)..... ►

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 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.5722

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID: