

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

TENNEY FOR CONGRESS

ADDRESS (number and street) 28 ROBINSON ROAD

Check if different than previously reported. (ACC)

CLINTON

NY

13323

2. **FEC IDENTIFICATION NUMBER** ▼

C C00561183

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (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 06 / 24 / 2014 in the State of NY

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 06 / 04 / 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 WILLIAM F. LOCKE

Signature of Treasurer WILLIAM F. LOCKE

[Electronically Filed]

Date

06 / 12 / 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.

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TENNEY FOR CONGRESS

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))....	28958.00	28958.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28958.00	28958.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	111946.84	111946.84
(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)).....	111946.84	111946.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17011.16	
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).....	100000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TENNEY FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

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).....	21645.00	21645.00
(ii) Unitemized.....	7313.00	7313.00
(iii) TOTAL of contributions from individuals ▶	28958.00	28958.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28958.00	28958.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	100000.00
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)..... ▶	128958.00	128958.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111946.84	111946.84
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	111946.84	111946.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	128958.00
25. SUBTOTAL (add Line 23 and Line 24).....	128958.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111946.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17011.16

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N

Transaction ID :

THE COMMITTEE HAS REVIEWED ALL REIMBURSEMENTS FOR TRAVEL AND SUBSISTENCE AND CONFIRMS ALL ITEMIZED MEMOS ARE REPORTED ON LINE 17 PURSUANT TO THE COMMISSION REGULATIONS.

Form/Schedule:

Transaction ID:

**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 34
	<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	

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

NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

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

Mailing Address **PO BOX 390**

City **AKRON** State **NY** Zip Code **14001**

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

Name of Employer **SQUARED R ELEMENT** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANNE C DUNLAP

Mailing Address **1843 BROKEN BEND DR**

City **WESTLAKE** State **TX** Zip Code **76262**

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

Name of Employer **SELF-EMPLOYED** Occupation **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 Y Y
06 / 03 / 2014

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **17 NEWTON AVE**

City **NORWICH** State **NY** Zip Code **13815**

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4500.00

**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 34
	<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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JANE E FALLON

Mailing Address 4775 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.4347

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHEILA MARY FALLON

Mailing Address 4775 ORMONDE DRIVE

City CAZENOVIA State NY Zip Code 13035

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4442

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANDREW W GOODELL

Mailing Address 617 WASHINGTON ST

City JAMESTOWN State NY Zip Code 14701

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

Name of Employer GOODELL & GOODELL LAW OFFICES Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1250.00

**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 34
	<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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WARREN S GOTTLIEB

Mailing Address **8 PLYMOUTH ROAD**

City **CHAPPAQUA** State **NY** Zip Code **10514**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **812 STONEHENGE DR**

City **VESTAL** State **NY** Zip Code **13850**

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

Name of Employer **LOCKHEED MARTIN** Occupation **SYSTEMS ENGINEERING MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTINE G LACEY

Mailing Address **656 OAK HILL RD**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<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)
TENNEY FOR CONGRESS

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

Mailing Address 1709 SHERMAN DR

City State Zip Code
UTICA NY 13501

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

Name of Employer Occupation
ADIRONDACK BANK PRESIDENT OF FINANCIAL SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 20 CLIFF ST APT 9H

City State Zip Code
STATEN ISLAND NY 10305

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

Name of Employer Occupation
NEW YORK STATE ASSEMBLY ASSEMBLYWOMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address PO BOX 118

City State Zip Code
UTICA NY 13503

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

Name of Employer Occupation
NEW YORK STATE WORKMANS COMPENSATION JUDGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
500.00
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 10 OF 34
	<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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN MICHAEL MOWRY

Mailing Address **PO BOX 310**

City **MEXICO** State **NY** Zip Code **13114**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.4374

Amount of Each Receipt this Period
600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEBORAH S MOYNIHAN

Mailing Address **5289 OWERA POINT RD**

City **CAZENOVIA** State **NY** Zip Code **13035**

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

Name of Employer **AMERICAN EXPRESS** Occupation **GLOBAL ACCOUNT MANAGER**

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 / 03 / 2014

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **ONE REVERE PARK**

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

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

Name of Employer **REVERE COPPER** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES H. PAGE

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2014

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES H. PAGE

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CARL P PALADINO

Mailing Address 295 MAIN ST RM 210

City State Zip Code
BUFFALO NY 14203

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
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

Mailing Address 10 HERTFORD

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
SELF-EMPLOYED EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 4964 ADAH DR

City State Zip Code
MANLIUS NY 13104

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

Name of Employer Occupation
NY UNIFIED COURT SYSTEM ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period
250.00
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 13 OF 34
	<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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LANCE TARDUGNO

Mailing Address 5546 NORTON RD

City State Zip Code
VERNON CENTER NY 13477

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

Name of Employer Occupation
TARDUGNO DENTAL OFFICE DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK TARDUGNO

Mailing Address 9 MULBERRY CT

City State Zip Code
WHITESBORO NY 13492

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

Name of Employer Occupation
TARDUGNO DENTAL OFFICE DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SCOTT T TARDUGNO

Mailing Address 702 N WASHINGTON ST

City State Zip Code
ROME NY 13440

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

Name of Employer Occupation
TARDUGNO DENTAL OFFICE DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.4380

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1400.00

**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 14 OF 34
	<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)
TENNEY FOR CONGRESS

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

Mailing Address 476 STATE HIGHWAY 12B

City State Zip Code
SHERBURNE NY 13460

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

Name of Employer Occupation
MID YORK PRESS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 476 STATE HIGHWAY 12B

City State Zip Code
SHERBURNE NY 13460

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

Name of Employer Occupation
MID YORK PRESS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1195.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
195.00
CONTRIBUTION

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

Mailing Address 476 STATE HIGHWAY 12B

City State Zip Code
SHERBURNE NY 13460

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

Name of Employer Occupation
MID YORK PRESS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2195.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2195.00

**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 15 OF 34
	<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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROSEMARIE L TENNEY

Mailing Address **PO BOX 453**

City **SHERBURNE** State **NY** Zip Code **13460**

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 **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN J WANDOVER

Mailing Address **498 HINCKLEY RD**

City **REMSSEN** State **NY** Zip Code **13438**

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11AI.4359

Amount of Each Receipt this Period
500.00
 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: PAGE 16 OF 34
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

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

Mailing Address 66 CHIMNEY ROAD, BOX 232

City MALDEN-ON-HUDSON State NY Zip Code 10533

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
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11Al.4426

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

21645.00

**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 17 OF 34
	<input type="checkbox"/> 11a 12 <input checked="" 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)
TENNEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLAUDIA TENNEY

Mailing Address 12 SLAYTONBUSH LANE

City UTICA State NY Zip Code 13501

FEC ID number of contributing federal political committee. **C H4NY22051**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA13A.4484

Amount of Each Receipt this Period
50000.00

CANDIDATE LOAN FROM PERSONAL FUNDS

B. Full Name (Last, First, Middle Initial)
CLAUDIA TENNEY

Mailing Address 12 SLAYTONBUSH LANE

City UTICA State NY Zip Code 13501

FEC ID number of contributing federal political committee. **C H4NY22051**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
90000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA13A.4483

Amount of Each Receipt this Period
40000.00

CANDIDATE LOAN FROM PERSONAL FUNDS

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

Mailing Address 12 SLAYTONBUSH LANE

City UTICA State NY Zip Code 13501

FEC ID number of contributing federal political committee. **C H4NY22051**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA13A.4482

Amount of Each Receipt this Period
10000.00

CANDIDATE LOAN FROM PERSONAL FUNDS

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

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

100000.00

100000.00

**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 18 OF 34			
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 5555 HILTON AVE STE 106		Amount of Each Disbursement this Period 260.30 Transaction ID : SB17.4176
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
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:	

Full Name (Last, First, Middle Initial) B. BARRY ZEPLOWITZ AND ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 300 PEARL ST		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.4160
City BUFFALO	State NY	
Zip Code 14202	Purpose of Disbursement SURVEY RESEARCH	Category/ Type
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:	

Full Name (Last, First, Middle Initial) C. MELODY D BURNS		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 413 FEURA BUSH ROAD		Amount of Each Disbursement this Period 1696.73 Transaction ID : SB17.4170
City GLENMONT	State NY	
Zip Code 12077	Purpose of Disbursement PUBLIC RELATIONS CONSULTING/MILEAGE	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	7957.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34			
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MELODY D BURNS			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 413 FEURA BUSH ROAD			Amount of Each Disbursement this Period 2363.60	
City GLENMONT	State NY	Zip Code 12077	Transaction ID : SB17.4171	
Purpose of Disbursement PUBLIC RELATIONS CONSULTING/MILEAGE		Category/ Type		
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:			

Full Name (Last, First, Middle Initial) B. MELODY D BURNS			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 413 FEURA BUSH ROAD			Amount of Each Disbursement this Period 4184.72	
City GLENMONT	State NY	Zip Code 12077	Transaction ID : SB17.4169	
Purpose of Disbursement MEDIA/PUBLIC RELATIONS CONSULTING/MILEAGE		Category/ Type		
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:			

Full Name (Last, First, Middle Initial) C. COOLEY GROUP INC			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 806 LINDEN AVE STE 500			Amount of Each Disbursement this Period 1668.00	
City ROCHESTER	State NY	Zip Code 14625	Transaction ID : SB17.4187	
Purpose of Disbursement PRINTING		Category/ Type		
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:			

SUBTOTAL of Disbursements This Page (optional).....	8216.32
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 34	
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COOLEY GROUP INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 806 LINDEN AVE STE 500		Amount of Each Disbursement this Period 1668.00
City ROCHESTER	State NY Zip Code 14625	
Purpose of Disbursement PRINTING	Category/Type	Transaction ID : SB17.4188
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:		

Full Name (Last, First, Middle Initial) B. DAVID A FERGUSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address INFORMATION REQUESTED		Amount of Each Disbursement this Period 2610.41
City GRASONVILLE	State MD Zip Code 21638	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/Type	Transaction ID : SB17.4190
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:		

Full Name (Last, First, Middle Initial) C. FLS CONNECT		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 2351.42
City ST PAUL	State MN Zip Code 55128	
Purpose of Disbursement TELEPHONE SERVICE	Category/Type	Transaction ID : SB17.4178
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:		

SUBTOTAL of Disbursements This Page (optional).....	6629.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 34	
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. FRANCESCAS BANQUET AND CATERING

Mailing Address PO BOX 67
144 E MAIN ST

City ILION State NY Zip Code 13357

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2014

Amount of Each Disbursement this Period: 440.54

Transaction ID : SB17.4200

Full Name (Last, First, Middle Initial)
B. FTIN STRATEGIES

Mailing Address 325 E JIMMIE LEEDS RD
STE 117

City GALLOWAY State NJ Zip Code 08205

Purpose of Disbursement SOFTWARE PURCHASE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 06 / 2014

Amount of Each Disbursement this Period: 612.50

Transaction ID : SB17.4162

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

Mailing Address 105 NOCK ST APT 2

City ROME State NY Zip Code 13440

Purpose of Disbursement TRAVEL-MILEAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 14 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.4192

SUBTOTAL of Disbursements This Page (optional) 1303.04

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 34	
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUSTIN ADAM LOPEZ		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 1100 E PALM ST		Amount of Each Disbursement this Period 2035.00 Transaction ID : SB17.4112
City ALTADENA	State CA	
Zip Code 91001	Purpose of Disbursement WEB SERVICE	Category/ Type
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:	

Full Name (Last, First, Middle Initial) B. OMP PARK INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 28 ROBINSON RD		Amount of Each Disbursement this Period 2064.00 Transaction ID : SB17.4156
City CLINTON	State NY	
Zip Code 13323	Purpose of Disbursement POSTAGE	Category/ Type
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:	

Full Name (Last, First, Middle Initial) C. GARY PERRY		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 750 WALKER HILL RD		Amount of Each Disbursement this Period 1801.79 Transaction ID : SB17.4182
City WAVERLY	State NY	
Zip Code 14892	Purpose of Disbursement OFFICE MANAGEMENT CONSULTING SVCS/TRAVEL	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	5900.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 34	
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GARY PERRY		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 750 WALKER HILL RD		Amount of Each Disbursement this Period 1676.63
City WAVERLY State NY Zip Code 14892	Purpose of Disbursement OFFICE MANAGEMENT CONSULTING SVCS/TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.4183
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:	

Full Name (Last, First, Middle Initial) B. DANDY MINI MARTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 100 HENRY ST		Amount of Each Disbursement this Period 196.00
City SAYRE State PA Zip Code 18840	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.4183.0 [MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) C. GARY PERRY		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 750 WALKER HILL RD		Amount of Each Disbursement this Period 1062.27
City WAVERLY State NY Zip Code 14892	Purpose of Disbursement OFFICE MANAGMENT CONSULTING SVCS/TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.4184
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:	

SUBTOTAL of Disbursements This Page (optional).....	2738.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 34	
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GARY PERRY		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 750 WALKER HILL RD		Amount of Each Disbursement this Period 1062.27
City WAVERLY State NY Zip Code 14892	Purpose of Disbursement OFFICE MANAGEMENT CONSULTING SVCS/TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.4185
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:		

Full Name (Last, First, Middle Initial) B. DANDY MINI MARTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 100 HENRY ST		Amount of Each Disbursement this Period 128.36
City SAYRE State PA Zip Code 18840	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.4185.0 [MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) C. RACHAEL PERRY		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 173 CADY AVE		Amount of Each Disbursement this Period 490.00
City NICHOLS State NY Zip Code 13812	Purpose of Disbursement OFFICE MANAGMENT CONSULTING SVCS	
Candidate Name	Category/Type	Transaction ID : SB17.4134
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:		

SUBTOTAL of Disbursements This Page (optional).....	1552.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 34	
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RACHAEL PERRY		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 173 CADY AVE		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.4135
City NICHOLS State NY Zip Code 13812	Purpose of Disbursement OFFICE MANAGEMENT CONSULTING SVCS	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. POLITICAL INNOVATIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO BOX 1902		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4196
City SPRING State TX Zip Code 77383	Purpose of Disbursement WEB SERVICE	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. PORTO BAGEL INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 4004 VESTAL PKWY E		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4164
City VESTAL State NY Zip Code 13850	Purpose of Disbursement RENT	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	5490.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 34	
	<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)
TENNEY FOR CONGRESS

A. POSTMASTER

Full Name (Last, First, Middle Initial)

Mailing Address 100 PRITCHER ST

City UTICA State NY Zip Code 13504

Purpose of Disbursement POSTAGE/PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 24 / 2014

Amount of Each Disbursement this Period: 7458.62

Transaction ID : SB17.4110

B. PROFESSIONAL MEDIA SERVICES INC

Full Name (Last, First, Middle Initial)

Mailing Address 185 GENESEE ST STE 1600

City UTICA State NY Zip Code 13501

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 16 / 2014

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.4137

C. PROFESSIONAL MEDIA SERVICES INC

Full Name (Last, First, Middle Initial)

Mailing Address 185 GENESEE ST STE 1600

City UTICA State NY Zip Code 13501

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 6500.00

Transaction ID : SB17.4138

SUBTOTAL of Disbursements This Page (optional) 19958.62

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34			
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PROFESSIONAL MEDIA SERVICES INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 185 GENESEE ST STE 1600		Amount of Each Disbursement this Period 5200.00 Transaction ID : SB17.4139
City UTICA State NY Zip Code 13501	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. PROFESSIONAL MEDIA SERVICES INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 185 GENESEE ST STE 1600		Amount of Each Disbursement this Period 13775.00 Transaction ID : SB17.4140
City UTICA State NY Zip Code 13501	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. QUARTIER PRINTING		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 215 S MAIN ST		Amount of Each Disbursement this Period 3100.00 Transaction ID : SB17.4151
City CORTLAND State NY Zip Code 13046	Purpose of Disbursement POSTAGE/PRINTING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	22075.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 34	
	<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)
TENNEY FOR CONGRESS

A. QUARTIER PRINTING

Full Name (Last, First, Middle Initial)
Mailing Address 215 S MAIN ST

City CORTLAND State NY Zip Code 13046

Purpose of Disbursement POSTAGE/PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 14 / 2014

Amount of Each Disbursement this Period: 2328.76

Transaction ID : SB17.4152

B. ROBO CENT INC

Full Name (Last, First, Middle Initial)
Mailing Address 2129 GENERAL BOOTH BLVD STE 103-277

City VIRGINIA BEACH State VA Zip Code 23454

Purpose of Disbursement TELEPHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 06 / 2014

Amount of Each Disbursement this Period: 1178.82

Transaction ID : SB17.4149

C. SHIRLEY & BANNISTER PUBLIC AFFAIRS

Full Name (Last, First, Middle Initial)
Mailing Address 122 S PATRICK ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 9056.97

Transaction ID : SB17.4116

SUBTOTAL of Disbursements This Page (optional) 12564.55

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34			
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JEFF STONECASH			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 5471 PEBBLE BEACH DR			Amount of Each Disbursement this Period 350.00	
City CAMILLUS	State NY	Zip Code 13031	Transaction ID : SB17.4173	
Purpose of Disbursement VOTER LIST ANALYSIS		Category/ Type		
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:				

Full Name (Last, First, Middle Initial) B. JEFF STONECASH			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 5471 PEBBLE BEACH DR			Amount of Each Disbursement this Period 300.00	
City CAMILLUS	State NY	Zip Code 13031	Transaction ID : SB17.4174	
Purpose of Disbursement VOTER LIST ANALYSIS		Category/ Type		
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:				

Full Name (Last, First, Middle Initial) C. THE MID YORK PRESS INC			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address PO BOX 733 2808 STATE HGWY 83			Amount of Each Disbursement this Period 751.67	
City SHERBURNE	State NY	Zip Code 13460	Transaction ID : SB17.4202	
Purpose of Disbursement PRINTING		Category/ Type		
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:				

SUBTOTAL of Disbursements This Page (optional).....	1401.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 34			
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE MID YORK PRESS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO BOX 733 2808 STATE HGWY 83		Amount of Each Disbursement this Period 380.44 Transaction ID : SB17.4203
City SHERBURNE	State NY	
Zip Code 13460	Purpose of Disbursement PRINTING	Category/ Type
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:	

Full Name (Last, First, Middle Initial) B. VALLEY SIGNS		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1960 STATE ROUTE 8 PO BOX 287		Amount of Each Disbursement this Period 3371.25 Transaction ID : SB17.4142
City CLAYVILLE	State NY	
Zip Code 13322	Purpose of Disbursement PRINTING	Category/ Type
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:	

Full Name (Last, First, Middle Initial) C. JAMES WALSH		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 20 CHURCH AVE		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4147
City BALLSTON SPA	State NY	
Zip Code 12020	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	8751.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 34	
	<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)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JAMES WALSH		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 20 CHURCH AVE		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4146
City BALLSTON SPA	State NY	
Zip Code 12020	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
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:	

Full Name (Last, First, Middle Initial) B. BRIAN YOUNG		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 28 ROBINSON ROAD		Amount of Each Disbursement this Period 1575.00 Transaction ID : SB17.4158
City CLINTON	State NY	
Zip Code 13323	Purpose of Disbursement POSTAGE/TRAVEL-MILEAGE/PAPER/PRINTING	Category/ Type
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:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 40 COLLEGE ST		Amount of Each Disbursement this Period 884.08 Transaction ID : SB17.4158.0 [MEMO ITEM]
City CLINTON	State NY	
Zip Code 13323	Purpose of Disbursement POSTAGE	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	6575.00
TOTAL This Period (last page this line number only).....	111114.71

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4484

TENNEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CLAUDIA TENNEY

Primary
 General
 Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 01 D

Y 2014 Y

M M

D D

ON DEMAND

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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**

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

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

Mailing Address
 12 SLAYTONBUSH LANE

City State ZIP Code
 UTICA NY 13501

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

TERMS

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

Mailing Address
12 SLAYTONBUSH LANE

City State ZIP Code
UTICA NY 13501

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

TERMS

Date Incurred: M 05 / D 30 / Y 2014
Date Due: M / D / Y ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	100000.00

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