

**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** ▼

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
07 / 01 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

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

Type or Print Name of Treasurer WILLIAM F. LOCKE

Signature of Treasurer

WILLIAM F. LOCKE

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 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**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	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	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))....	5129.40	75803.34
(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))	5129.40	75803.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26024.88	182610.04
(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))	26024.88	182610.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12193.30	
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)	119000.00	

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)

PAGE 3 / 20

Write or Type Committee Name

TENNEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

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).....**

2450.00

50973.01

(ii) Unitemized.....

2497.00

21696.73

(iii) TOTAL of contributions from individuals ▶

4947.00

72669.74

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

182.40

3133.60

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

5129.40

75803.34

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

14000.00

119000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14000.00

119000.00

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)..... ▶

19129.40

194803.34

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26024.88	182610.04
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) ►	26024.88	182610.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19088.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19129.40
25. SUBTOTAL (add Line 23 and Line 24).....	38218.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26024.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12193.30

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

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

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

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

NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JAMES DAVIS		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 4727 WILSHIRE BLVD #302		Transaction ID : SA11AI.4759
City LOS ANGELES	State CA	Zip Code 90010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PMIC	Occupation PUBLISHER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. RONALD GRIFFITHS JR		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 812 STONEHENGE DR		Transaction ID : SA11AI.4868
City VESTAL	State NY	Zip Code 13850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LOCKHEED MARTIN	Occupation SYSTEMS ENGINEERING MANAGER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. MARY MCLEMORE		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 122 LAURELWOOD DRIVE		Transaction ID : SA11AI.4761
City PIKE ROAD	State AL	Zip Code 36064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:

PAGE 6 OF 20

(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)

KARIN A. OBRIEN

A.

Mailing Address 409 EAST HILL ROAD

City

BINGHAMTON

State

NY

Zip Code

13901

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOTHAR CONSTRUCTION LLC

Occupation

SECRETARY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2014

Transaction ID : SA11AI.4815

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ZOE ROA

B.

Mailing Address 233 CORAL LANE

City

PALM BEACH

State

FL

Zip Code

33480

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 M	/	D D D	/	Y Y Y Y Y Y
07		02		2014

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM EDWARD TRACHMAN

C.

Mailing Address 8661 E. 26TH AVENUE

City

DENVER

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer

LITTLER MENDELSON

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2014

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period

700.00

CONTRIBUTION

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

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

1200.00

2450.00

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)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTRIGHT

Mailing Address 2029 K STREET NW SUITE 300

City
WASHINGTON

State Zip Code
DC 20006

FEC ID number of contributing
federal political committee.

C C00488478

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

633.60

Date of Receipt

M M / D D / Y Y Y Y
07 09 2014

Transaction ID : SA11C.4862

Amount of Each Receipt this Period

182.40

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.
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

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

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

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

182.40

182.40

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

PAGE 8 OF 20

<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

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

N/A

Occupation

CANDIDATE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

115000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2014

Transaction ID : SA13A.4860

Amount of Each Receipt this Period

10000.00

LOAN FROM PERSONAL FUNDS

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

N/A

Occupation

CANDIDATE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

119000.00

Date of Receipt

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

Transaction ID : SA13A.4864

Amount of Each Receipt this Period

4000.00

LOAN FROM PERSONAL FUNDS

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

14000.00

14000.00

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

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

PAGE 9 OF 20

<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 AND ASSOCIATES

Mailing Address 300 PEARL ST

City	State	Zip Code
BUFFALO	NY	14202

Purpose of Disbursement
SURVEY RESEARCH

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
07		14		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4731

B. MELODY D BURNS

Mailing Address 413 FEURA BUSH ROAD

City	State	Zip Code
GLENMONT	NY	12077

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING SERVICES

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
07		14		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4727

C. MELODY D BURNS

Mailing Address 413 FEURA BUSH ROAD

City	State	Zip Code
GLENMONT	NY	12077

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING SERVICES

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
08		04		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4728

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

9000.00

**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 10 OF 20

<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. MELODY D BURNS

Mailing Address 413 FEURA BUSH ROAD

City	State	Zip Code
GLENMONT	NY	12077

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING SERVICES

Candidate Name

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

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4729

B. MELODY D BURNS

Mailing Address 413 FEURA BUSH ROAD

City	State	Zip Code
GLENMONT	NY	12077

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING SERVICES

Candidate Name

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

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y
08 / 29 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4730

C. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

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

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y
07 / 14 / 2014

Amount of Each Disbursement this Period

4550.00

Transaction ID : SB17.4732

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

6550.00

**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 11 OF 20

<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. COOLEY GROUP INCMailing Address 806 LINDEN AVE
STE 500

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PRINTING

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
08		15		2014

Amount of Each Disbursement this Period

419.52

Transaction ID : SB17.4734

B. FTIN STRATEGIESMailing Address 325 E JIMMIE LEEDS RD
STE 117

City GALLOWAY State NJ Zip Code 08205

Purpose of Disbursement
WEB SERVICES

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
07		29		2014

Amount of Each Disbursement this Period

2300.00

Transaction ID : SB17.4735

C. MID-YORK PRESS

Mailing Address 2808 STATE ROUTE 80

City SHERBURNE State NY Zip Code 13460

Purpose of Disbursement
PRINTING

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
08		15		2014

Amount of Each Disbursement this Period

773.56

Transaction ID : SB17.4739

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

3493.08

**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 12 OF 20

<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. GARY PERRY

Mailing Address 750 WALKER HILL RD

City	State	Zip Code
WAVERLY	NY	14892

Purpose of Disbursement
CONTRACT LABOR/OFFICE MGMT SERVICES

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
07 / 02 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4724

B. GARY PERRY

Mailing Address 750 WALKER HILL RD

City	State	Zip Code
WAVERLY	NY	14892

Purpose of Disbursement
CONTRACT LABOR/OFFICE MGMT SERVICES

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
07 / 14 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4725

C. RACHAEL PERRY

Mailing Address 173 CADY AVE

City	State	Zip Code
NICHOLS	NY	13812

Purpose of Disbursement
CONTRACT LABOR/CAMPAIGN MGMT SERVICES

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
07 / 14 / 2014

Amount of Each Disbursement this Period

192.00

Transaction ID : SB17.4746

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

2192.00

**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 13 OF 20

<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. PERRY COMPOSITES CONSULTING

Mailing Address 750 WALKER HILL ROAD

City	State	Zip Code
WAVERLY	NY	14892

Purpose of Disbursement
COMPUTER SERVICES/SUPPORT

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
08		04		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4743

B. PIRYX

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
ONLINE CREDIT CARD MERCHANT FEES

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
09		25		2014

Amount of Each Disbursement this Period

222.64

Transaction ID : SB17.4841

C. TRADITIONS AT THE GLEN

Mailing Address 4101 WATSON BLVD

City	State	Zip Code
JOHNSON CITY	NY	13790

Purpose of Disbursement
CATERING/FACILITY RENTAL

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
08		15		2014

Amount of Each Disbursement this Period

1441.80

Transaction ID : SB17.4747

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

2164.44

**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 14 OF 20

<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. VALLEY SIGNSMailing Address 1960 STATE ROUTE 8
PO BOX 287

City CLAYVILLE State NY Zip Code 13322

Purpose of Disbursement
PRINTING

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
07		14		2014

Amount of Each Disbursement this Period

674.25

Transaction ID : SB17.4726

B. MATTHEW WATKINS

Mailing Address 3039 NEW PROSPECT ROAD

City PINE BUSH State NY Zip Code 12566

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
07		07		2014

Amount of Each Disbursement this Period

1400.00

Transaction ID : SB17.4738

C. MATTHEW WATKINS

Mailing Address 3039 NEW PROSPECT ROAD

City PINE BUSH State NY Zip Code 12566

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
08		06		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4736

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

2424.25

25823.77

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 20

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]

Election: 2014

CLAUDIA TENNEY☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
04 / 01 / 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)..... ►

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 16 OF 20

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]

Election: 2014

CLAUDIA TENNEY☒ 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 Y Y
04 / 25 / 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)..... ►

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 17 OF 20

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]

Election: 2014

CLAUDIA TENNEY☒ 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

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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]**

Election: 2014

CLAUDIA TENNEY☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

12 SLAYTONBUSH LANE

City

State

ZIP Code

UTICA

NY

13501

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 20 / 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)..... ►

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 19 OF 20

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]**

Election: 2014

CLAUDIA TENNEY☒ 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 / Y Y Y Y
07 / 11 / 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 20

FOR 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)**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
07 / 23 / 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)..... ►

4000.00

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

119000.00

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