

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
Doheny for Congress

ADDRESS (number and street) 65 High Street
 Check if different than previously reported. (ACC) Alexandria Bay NY 13607

2. **FEC IDENTIFICATION NUMBER** C C00462853 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT
NY 21

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 / 06 / 2012 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 10 / 01 / 2012 through 10 / 17 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jeffrey Kirkby
Signature of Treasurer Jeffrey Kirkby [Electronically Filed] Date 10 / 25 / 2012

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 70

Write or Type Committee Name

Doheny for Congress

Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y
10		17		2012

	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))....	44260.00	912771.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	10300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44260.00	902471.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	649670.57	1627887.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	54696.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	649670.57	1573190.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....		
	113557.73	
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).....		
	3015000.00	

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

Doheny for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32450.00	710320.73
(ii) Unitemized.....	5010.00	35350.81
(iii) TOTAL of contributions from individuals ▶	37460.00	745671.54
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6800.00	167100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	44260.00	912771.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	6890.76
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	450000.00	785000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	450000.00	785000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	54696.19
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	23150.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	494260.00	1782508.49

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	649670.57	1627887.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	35000.00	35000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	35000.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	10250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	10300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	684670.57	1673187.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	303968.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	494260.00
25. SUBTOTAL (add Line 23 and Line 24).....	798228.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	684670.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	113557.73

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

Form/Schedule: F3N

Transaction ID :

Written verification has been submitted by the Friends of Joanie Mahoney committee that these are permissible funds to be contributed to a federal campaign committee.

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 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Charles R Barton

Mailing Address 66 Browns Path

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
The Barton Group Manufacturing

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10565

Amount of Each Receipt this Period
500.00

Contribution - General

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

Mailing Address 7 St. Andrews Drive

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
NH LLC Business Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10562

Amount of Each Receipt this Period
300.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Robert T Bevilacqua

Mailing Address 3 William St

City State Zip Code
Saranac Lake NY 12983

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

Name of Employer Occupation
Harrietstown Councilman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2012

Transaction ID : SA11AI.10583

Amount of Each Receipt this Period
300.00

Contribution - General

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

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

1100.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
John W Bishop

Mailing Address 7 Park Drive

City Menands State NY Zip Code 12204

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

Name of Employer Bishop Beaudry Construction Occupation Construction

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10551

Amount of Each Receipt this Period
 300.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Michael T Bittel

Mailing Address 429 North Road

City Greenwich State NY Zip Code 12834

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

Name of Employer King Arthur Flour Occupation Senior VP

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10566

Amount of Each Receipt this Period
 500.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Bart S. Bonner

Mailing Address 23967 Country Route 67

City Watertown State NY Zip Code 13601

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
655.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11AI.10533

Amount of Each Receipt this Period
 75.00

Contribution - General

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

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

875.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Denise D Buher

Mailing Address 3 Twigwood Lane

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
Orthopedic & Spine Physical Th Healthcare

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10708

Amount of Each Receipt this Period
300.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Mr. Thomas H Carman

Mailing Address 322 Flower Ave West

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Samaritan Medical Center Healthcare

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 04 / 2012

Transaction ID : SA11AI.10678

Amount of Each Receipt this Period
125.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Mr. Douglas Alan Carty

Mailing Address 679 N. Main St

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2012

Transaction ID : SA11AI.10696

Amount of Each Receipt this Period
2500.00

Contribution - General

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

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

2925.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Roger B Clough

Mailing Address 225 East Hatfield St

City State Zip Code
Massena NY 13662

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

Name of Employer Occupation
Massena Central School Superintendent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.10591

Amount of Each Receipt this Period
350.00

Contribution - General

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

Mailing Address 1133 Bay Road

City State Zip Code
Lake George NY 12845

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

Name of Employer Occupation
Currie Associates Inc. Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10709

Amount of Each Receipt this Period
500.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Michael Della Bella

Mailing Address 6 Tall Timbers Rd

City State Zip Code
Lake George NY 12845

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

Name of Employer Occupation
B'ella Auto Group Automobile

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10567

Amount of Each Receipt this Period
500.00

Contribution - General

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

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

1350.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Paul J DiFabion Jr.

Mailing Address 1201 Lachenauer Drive

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
The Benefit Services Group Insurance Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2012

Transaction ID : SA11AI.10715

Amount of Each Receipt this Period
125.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
John Doldo III

Mailing Address 439 Harris Dr

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Jones & Doldo Insurance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2012

Transaction ID : SA11AI.10520

Amount of Each Receipt this Period
1000.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Mr. David G Evans

Mailing Address 130 Manfiled St

City State Zip Code
Belvidere NJ 07823

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2012

Transaction ID : SA11AI.10663

Amount of Each Receipt this Period
150.00

Contribution - General

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

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

1275.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Michael J Falcone

Mailing Address 333 W Washington St, Ste 600

City Syracuse State NY Zip Code 13202

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

Name of Employer Pioneer Companies Occupation Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : SA11AI.10484

Amount of Each Receipt this Period
2500.00

Contribution - General

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

Mailing Address 514 State Street

City Cathage State NY Zip Code 13619

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.10500

Amount of Each Receipt this Period
125.00

Contribution - General

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

Mailing Address 15 Hickory Hollow

City Queensbury State NY Zip Code 12804

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

Name of Employer New Way Lunch Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11AI.10517

Amount of Each Receipt this Period
500.00

Contribution - General

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

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

3125.00

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

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

FOR LINE NUMBER: PAGE 12 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Meredith A George

Mailing Address 17436 Sandy Creek Valley Road

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11AI.10527

Amount of Each Receipt this Period
100.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Lionel Lee Hector

Mailing Address One Public Square, Ste 27

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Self Employed Law

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.10810

Amount of Each Receipt this Period
250.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Christopher J Henderson

Mailing Address 26667 Perch Lake Road

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
NYS Government

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11AI.10515

Amount of Each Receipt this Period
125.00

Contribution - General

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

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

475.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Andrew Horrocks

Mailing Address 125 East 84th St, Apt 7D

City New York State NY Zip Code 10028

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

Name of Employer Credit Suisse Occupation Banking

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11AI.10713

Amount of Each Receipt this Period
 1000.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Thomas L Hoy

Mailing Address 25 Pershing Road

City Queensbury State NY Zip Code 12804

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

Name of Employer Arrow Financial Corporation Occupation Banker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10560

Amount of Each Receipt this Period
 300.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Robert J Hughes

Mailing Address 125 Mannis Road

City Queensbury State NY Zip Code 12804

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

Name of Employer Hughes ENT Assoc. PC Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10558

Amount of Each Receipt this Period
 300.00

Contribution - General

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

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

1600.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Mr. David Jankowski

Mailing Address 1606 County Highway 110

City Broadalbin State NY Zip Code 12025

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

Name of Employer Jankowski Agency, Inc Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11AI.10712

Amount of Each Receipt this Period
2500.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Elizabeth J Jenison

Mailing Address 46 Goodrich St

City Canton State NY Zip Code 13617

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

Name of Employer Jenison Antiques Occupation Antiques

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.10595

Amount of Each Receipt this Period
50.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
David A Judkins

Mailing Address 286 Butler Pond Road

City Queensbury State NY Zip Code 12804

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

Name of Employer Adirondack Cardiology Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10569

Amount of Each Receipt this Period
500.00

Contribution - General

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

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

3050.00

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

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

FOR LINE NUMBER: PAGE 15 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Ms Nancy Kall

Mailing Address 511 Franklin Street

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11AI.10512

Amount of Each Receipt this Period
75.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Dr. David R Kelly

Mailing Address 30 Oakwood Drive

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
Diagnostic Radiology Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11AI.10518

Amount of Each Receipt this Period
500.00

Contribution - General

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

Mailing Address 131 E 69th Street, 7A

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : SA11AI.10669

Amount of Each Receipt this Period
1000.00

Contribution - General

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

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

1575.00

**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 16 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
David G Kruczlnicki

Mailing Address 32 Oak Valley Way

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
Glens Falls Hospital Hospital Administration

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10557

Amount of Each Receipt this Period
300.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Alice V Loving

Mailing Address 16 Willow St

City State Zip Code
Richville NY 13681

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

Name of Employer Occupation
EJ Noble Hospital Anesthesiologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2012

Transaction ID : SA11AI.10688

Amount of Each Receipt this Period
250.00

Contribution - General

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

Mailing Address 12 Agnew Road

City State Zip Code
Morrisonville NY 12962

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

Name of Employer Occupation
Luck Brothers Inc Construction

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2012

Transaction ID : SA11AI.10802

Amount of Each Receipt this Period
1000.00

Contribution - General

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

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

1550.00

**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 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Gladys F Mainwaring

Mailing Address 20 Beekman Place

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 12 2012

Transaction ID : SA11AI.10571

Amount of Each Receipt this Period
500.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Mr. Paul A Maroun

Mailing Address PO Box 971

City State Zip Code
Tupper Lake NY 12986

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

Name of Employer Occupation
NYS Senate Counsel

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 05 2012

Transaction ID : SA11AI.10672

Amount of Each Receipt this Period
100.00

Contribution - General

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

Mailing Address 123 Highland Ave

City State Zip Code
Chatham NJ 07928

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

Name of Employer Occupation
Alvarez & Marsal Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 02 2012

Transaction ID : SA11AI.10666

Amount of Each Receipt this Period
1000.00

Contribution - General

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 18 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Michael J McCabe
 Mailing Address 30 Orchard Drive
 City State Zip Code
 Queensbury NY 12804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beneficial Finance Finance
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 12 2012
Transaction ID : SA11AI.10576
 Amount of Each Receipt this Period
 500.00
 Contribution - General

B. Full Name (Last, First, Middle Initial)
George D McGowan
 Mailing Address 313 Bloody Pond Road
 City State Zip Code
 Lake George NY 12845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Restuarant
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 12 2012
Transaction ID : SA11AI.10578
 Amount of Each Receipt this Period
 500.00
 Contribution - General

C. Full Name (Last, First, Middle Initial)
John Michaels
 Mailing Address 10 Blacksmith Drive, Ste 1
 City State Zip Code
 Malta NY 12020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Michaels Group Builder
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 12 2012
Transaction ID : SA11AI.10579
 Amount of Each Receipt this Period
 500.00
 Contribution - General

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Murphy

Mailing Address 186 Hudson Pointe Blvd

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
Glens Falls National Bank Banker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10572

Amount of Each Receipt this Period
500.00

Contribution - General

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

Mailing Address 184 Cedar St

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2012

Transaction ID : SA11AI.10681

Amount of Each Receipt this Period
250.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Mr. Donald Price

Mailing Address P.O. Box 310

City State Zip Code
Clayton NY 13624

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

Name of Employer Occupation
St Lawrence Restoration Construction

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2012

Transaction ID : SA11AI.10717

Amount of Each Receipt this Period
400.00

Contribution - General

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

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

1150.00

**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 20 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Michael A Quigley

Mailing Address 209 Sedgwick Dr.

City State Zip Code
Syracuse NY 13210

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

Name of Employer Occupation
Rothschild Breuer LLC Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : SA11AI.10495

Amount of Each Receipt this Period
250.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Robert J Reddick

Mailing Address 4524 State Highway 58

City State Zip Code
Gouverneur NY 13642

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

Name of Employer Occupation
Con Tech Building Systems Inc Contractor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2012

Transaction ID : SA11AI.10716

Amount of Each Receipt this Period
1000.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Dr William Reynolds

Mailing Address 32 Oakwood Drive

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
Adirondack Radiology Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10564

Amount of Each Receipt this Period
300.00

Contribution - General

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

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

1550.00

**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 21 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Ron Robbins

Mailing Address 14471 County Rt 145

City Sackets Harbor State NY Zip Code 13685

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

Name of Employer North Harbor Dairy Occupation Farmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012

Transaction ID : SA11AI.10655

Amount of Each Receipt this Period
250.00

Contribution - General

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

Mailing Address 216 Keyes Avenue

City Watertown State NY Zip Code 13601

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

Name of Employer Hefferon Real Estate Occupation Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1078.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11AI.10523

Amount of Each Receipt this Period
100.00

Contribution - General

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

Mailing Address P. O. Box 145

City Kattskill Bay State NY Zip Code 12844

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10707

Amount of Each Receipt this Period
300.00

Contribution - General

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

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

650.00

**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 22 OF 70
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Kent Smith		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2012
Mailing Address 25 Orchard Dr		Transaction ID : SA11AI.10555
City Queensbury	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SUNY Adirondack	Occupation Professor	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Raymond J Smith		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 41410 Kehoe Tract Road		Transaction ID : SA11AI.10521
City Clayton	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Smithe Contracting	Occupation Contractor - Owner	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Ms Nancy D Storino		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 417 Arsenal Street		Transaction ID : SA11AI.10538
City Watertown	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Nancy D Real Estate	Occupation Real Estate	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 490.00	

SUBTOTAL of Receipts This Page (optional).....	1375.00
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: (check only one)	PAGE 23 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Robert R. Sturtz

Mailing Address 204 Ten Eyck Street

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2125.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2012

Transaction ID : SA11AI.10514

Amount of Each Receipt this Period
125.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Frank P Turner

Mailing Address 201 Little Falls Road

City State Zip Code
Cedar Grove NJ 07009

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

Name of Employer Occupation
Lehman Brothers Holdings Portfolio Mgr

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2012

Transaction ID : SA11AI.10690

Amount of Each Receipt this Period
500.00

Contribution - General

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

Mailing Address 234 Casey Road

City State Zip Code
Schuylerville NY 12871

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10574

Amount of Each Receipt this Period
500.00

Contribution - General

SUBTOTAL of Receipts This Page (optional).....	1125.00
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: (check only one)	PAGE 24 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Thomas W Tyler

Mailing Address 234 Casey Road

City State Zip Code
Schuylerville NY 12871

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

Name of Employer Occupation
New York State Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2012

Transaction ID : SA11AI.10675

Amount of Each Receipt this Period
1000.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
Daniel J. Villa

Mailing Address 26130 Cty Rt. 57

City State Zip Code
Three Mile Bay NY 13693

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

Name of Employer Occupation
Kmart Pharmacist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2012

Transaction ID : SA11AI.10516

Amount of Each Receipt this Period
125.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Jill T Vogel

Mailing Address 4 Orchard Drive

City State Zip Code
Queensbury NY 12804

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

Name of Employer Occupation
SUNY Adironcack Foundation Administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.10553

Amount of Each Receipt this Period
300.00

Contribution - General

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

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

1425.00

**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 25 OF 70
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) Mr. Spencer Wells		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 2935 Pacific Avenue		Transaction ID : SA11AI.10677
City San Francisco	State CA	Zip Code 94115
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer TPG Opportunited Partners	Occupation Investor	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) Ralph Wilson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2012
Mailing Address 841 Route 9		Transaction ID : SA11AI.10587
City Queensbury	State NY	Zip Code 12804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Physician	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Michael Young		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 7659 North State St		Transaction ID : SA11AI.10546
City Lowville	State NY	Zip Code 13367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Self Employed	Occupation Law	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	2875.00
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: (check only one)	PAGE 26 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Chi Hung Yuen

Mailing Address 2971 State Route 9

City State Zip Code
Ballston Spa NY 12020

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

Name of Employer Occupation
Golden Motel Hospitality

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11Al.10581

Amount of Each Receipt this Period
300.00

Contribution - General

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 / 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 / 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).....

300.00

32450.00

**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 27 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Doheny for Congress

Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

A. Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11C.10550

Amount of Each Receipt this Period
 2500.00
 Contribution - General

B. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address 6700 Las Colinas Boulevard

City State Zip Code
Irving TX 75039

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012

Transaction ID : SA11C.10662

Amount of Each Receipt this Period
 2000.00
 Contribution - General

C. Full Name (Last, First, Middle Initial)
Friends of Joanie Mahoney

Mailing Address P.O. Box 291

City State Zip Code
Dewitt NY 13214

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11C.10493

Amount of Each Receipt this Period
 1000.00
 Contribution - General

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

5500.00

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

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

Form/Schedule: SA11C

Transaction ID : SA11C.10493

Written verification has been submitted by this committee that these are permissible funds for a federal campaign committee.

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 30 OF 70
	<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)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Matthew Doheny

Mailing Address 303 Paddock Street

City State Zip Code
Watertown NY 13601

FEC ID number of contributing federal political committee. **C H0NY23057**

Name of Employer Occupation
North Country Capital, L.L.C. Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 05 2012

Transaction ID : SA13A.10685

Amount of Each Receipt this Period
300000.00

Loan to Campaign

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

Mailing Address 303 Paddock Street

City State Zip Code
Watertown NY 13601

FEC ID number of contributing federal political committee. **C H0NY23057**

Name of Employer Occupation
North Country Capital, L.L.C. Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 17 2012

Transaction ID : SA13A.10686

Amount of Each Receipt this Period
150000.00

Loan to Campaign

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

450000.00

450000.00

**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 31 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. 178 Broad Street Holding		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 178 Broad Street		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.10761
City Plattsburgh	State NY	
Zip Code 12901	Purpose of Disbursement Campaign Office Rent	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. American Express Collection		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address P. O. Box 360001		Amount of Each Disbursement this Period 15.90 Transaction ID : SB17.10719
City Fort Lauderdale	State FL	
Zip Code 33336	Purpose of Disbursement Merchant Fees	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Andrew Trombley		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 6 Gage Avenue		Amount of Each Disbursement this Period 3600.00 Transaction ID : SB17.10734
City Glens Falls	State NY	
Zip Code 12801	Purpose of Disbursement Campaign Coordinator	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	6615.90
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 32 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Andrew Trombley		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 6 Gage Avenue		Amount of Each Disbursement this Period 5935.73 Transaction ID : SB17.10771
City Glens Falls	State NY	
Zip Code 12801	Purpose of Disbursement Travel Reimbursements	Category/ Type 002
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. Authorize.net Gateway billing		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.10720
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Merchant Svc Fees	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Chris Kelleher		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 8031 Razinia Court		Amount of Each Disbursement this Period 394.02 Transaction ID : SB17.10767
City Fair Oaks	State CA	
Zip Code 95628	Purpose of Disbursement Travel Reimbursements	Category/ Type 002
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	6349.75
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 33 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Clinton County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 16 Illene Drive		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.10757
City Morrisonville	State NY Zip Code 12962	
Purpose of Disbursement Advertisement in Yearbook	Category/Type 004	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) B. Coughlin Printing Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 210 Court Street, Ste 10		Amount of Each Disbursement this Period 86.20 Transaction ID : SB17.10746
City Watertown	State NY Zip Code 13601	
Purpose of Disbursement Campaign Materials	Category/Type 006	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) c. Coughlin Printing Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 210 Court Street, Ste 10		Amount of Each Disbursement this Period 203.65 Transaction ID : SB17.10759
City Watertown	State NY Zip Code 13601	
Purpose of Disbursement Campaign Materials	Category/Type 006	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

SUBTOTAL of Disbursements This Page (optional).....	589.85
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 34 OF 70		
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Coughlin Printing Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 210 Court Street, Ste 10		Amount of Each Disbursement this Period 2546.89 Transaction ID : SB17.10777
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Campaign Materials	Category/ Type 006
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. Courtney Lothridge		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 10105 119th Way North		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.10739
City Seminole	State FL	
Zip Code 33772	Purpose of Disbursement Field Rep	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Courtney Lothridge		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 10105 119th Way North		Amount of Each Disbursement this Period 1016.29 Transaction ID : SB17.10770
City Seminole	State FL	
Zip Code 33772	Purpose of Disbursement Travel Reimbursements	Category/ Type 002
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	6313.18
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 35 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Courtney Lothridge		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 10105 119th Way North		Amount of Each Disbursement this Period 782.69 Transaction ID : SB17.10772
City Seminole	State FL	
Zip Code 33772	Purpose of Disbursement Travel Reimbursements	Category/ Type 002
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. Curtis Biederbeck		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 27 North Grand Avenue		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.10735
City Poughkeepsie	State NY	
Zip Code 12603	Purpose of Disbursement Field Rep	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Digital Press		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 5 Sand Creek Road		Amount of Each Disbursement this Period 2342.19 Transaction ID : SB17.10776
City Albany	State NY	
Zip Code 12205	Purpose of Disbursement Mailing	Category/ Type 003
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	6124.88
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 36 OF 70			
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Epiphany Productions Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 1950.47 Transaction ID : SB17.10755
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Fundraising 003 Category/Type	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Epiphany Productions Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 1542.00 Transaction ID : SB17.10756
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Fundraising 003 Category/Type	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. First Niagara Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 8489 South Main St.		Amount of Each Disbursement this Period 31.94 Transaction ID : SB17.10718
City Evans Mills State NY Zip Code 13637	Purpose of Disbursement BankCard Merchant Fees 001 Category/Type	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	3524.41
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 37 OF 70			
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. First Niagara Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 8489 South Main St.		Amount of Each Disbursement this Period 99.71 Transaction ID : SB17.10721
City Evans Mills	State NY	
Purpose of Disbursement BankCard Merchant Fees	Category/ Type 001	
Candidate Name Doheny for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) B. Frontenac Crystal Springs		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P. O. Box 328		Amount of Each Disbursement this Period 38.72 Transaction ID : SB17.10749
City Clayton	State NY	
Purpose of Disbursement Office drinking water	Category/ Type 001	
Candidate Name Doheny for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) c. Frontenac Crystal Springs		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address P. O. Box 328		Amount of Each Disbursement this Period 43.99 Transaction ID : SB17.10783
City Clayton	State NY	
Purpose of Disbursement Office drinking water	Category/ Type 001	
Candidate Name Doheny for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

SUBTOTAL of Disbursements This Page (optional).....	99.71
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 38 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Glens Falls Printing Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 51 Hudson Avenue		Amount of Each Disbursement this Period 810.02 Transaction ID : SB17.10779
City Glens Falls	State NY	
Zip Code 12801	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. Herd Solutions LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 651 Delaware Avenue Suite 215		Amount of Each Disbursement this Period 31090.29 Transaction ID : SB17.10727
City Buffalo	State NY	
Zip Code 14202	Purpose of Disbursement Media	Category/ Type 003
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Herd Solutions LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 651 Delaware Avenue Suite 215		Amount of Each Disbursement this Period 81340.88 Transaction ID : SB17.10728
City Buffalo	State NY	
Zip Code 14202	Purpose of Disbursement Media	Category/ Type 003
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	113241.19
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 39 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Independence Party of New York		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address P.O. Box 695		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.10793
City Huntington	State NY	
Zip Code 11743	Purpose of Disbursement Advertisement	Category/ Type 004
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. Jeffrey K. Freeland		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 795 Thornwood Drive		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.10732
City Lewiston	State NY	
Zip Code 14092	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Jolly Good Promotional Products		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 17 Bracken Rd		Amount of Each Disbursement this Period 161.52 Transaction ID : SB17.10750
City Morrisonville	State NY	
Zip Code 12962	Purpose of Disbursement Promo Items	Category/ Type 006
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	6661.52
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 40 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Jude R. Seymour		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.10733
City Watertown	State NY	
Purpose of Disbursement Spokesman Consulting	Category/ Type 001	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

Full Name (Last, First, Middle Initial) B. Jude R. Seymour		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 5654.75 Transaction ID : SB17.10763
City Watertown	State NY	
Purpose of Disbursement Travel Reimbursements	Category/ Type 002	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

Full Name (Last, First, Middle Initial) c. Kathleen M. Tyson		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 1743 NE 5th St		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.10738
City Ocala	State FL	
Purpose of Disbursement Fundraising/Financial Director	Category/ Type 001	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

SUBTOTAL of Disbursements This Page (optional).....	14154.75
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 41 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Kathleen M. Tyson		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1743 NE 5th St		Amount of Each Disbursement this Period 666.98 Transaction ID : SB17.10764
City Ocala State FL Zip Code 34470	Purpose of Disbursement Travel Reimbursements Category/Type 002	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 21		

Full Name (Last, First, Middle Initial) B. Kathleen M. Tyson		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 1743 NE 5th St		Amount of Each Disbursement this Period 137.20 Transaction ID : SB17.10778
City Ocala State FL Zip Code 34470	Purpose of Disbursement Travel Reimbursements Category/Type 002	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 21		

Full Name (Last, First, Middle Initial) c. Maureen E. McAuliffe		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 1173 Co. Hwy 107		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.10736
City Ft. Johnson State NY Zip Code 12070	Purpose of Disbursement Field Rep Category/Type 001	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 21		

SUBTOTAL of Disbursements This Page (optional).....	4304.18
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 42 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Northern Copy Products		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 307 S. Hamilton Street		Amount of Each Disbursement this Period 351.38 Transaction ID : SB17.10743
City Watertown	State NY	
Purpose of Disbursement Copier Rental	Category/ Type 001	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

Full Name (Last, First, Middle Initial) B. Northern Copy Products		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 307 S. Hamilton Street		Amount of Each Disbursement this Period 1185.26 Transaction ID : SB17.10760
City Watertown	State NY	
Purpose of Disbursement Copier Rental/Toner	Category/ Type 001	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

Full Name (Last, First, Middle Initial) c. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 1286.16 Transaction ID : SB17.10725
City San Francisco	State CA	
Purpose of Disbursement Piryx 1 & 2 Merchant Fees	Category/ Type	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

SUBTOTAL of Disbursements This Page (optional).....	2822.80
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 43 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Public Opinion Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 214 N. Fayette Street		Amount of Each Disbursement this Period 21500.00 Transaction ID : SB17.10751
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling	Category/ Type 005
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. Public Opinion Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 214 N. Fayette Street		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.10780
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling	Category/ Type 005
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Quanco Associates LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 17890 Goodnough St.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.10742
City Adams Center	State NY	
Zip Code 13606	Purpose of Disbursement Campaign Office Rent	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	21500.00
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 44 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Roland-Kelly, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 340 South Pickett Street, #9712		Amount of Each Disbursement this Period 111920.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Media	004 Category/ Type
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21	Transaction ID : SB17.10723	

Full Name (Last, First, Middle Initial) B. Roland-Kelly, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 340 South Pickett Street, #9712		Amount of Each Disbursement this Period 10898.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Media	004 Category/ Type
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21	Transaction ID : SB17.10752	

Full Name (Last, First, Middle Initial) c. Roland-Kelly, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 340 South Pickett Street, #9712		Amount of Each Disbursement this Period 14511.16
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Media	004 Category/ Type
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21	Transaction ID : SB17.10753	

SUBTOTAL of Disbursements This Page (optional).....	137329.16
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 45 OF 70			
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Roland-Kelly, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 340 South Pickett Street, #9712		Amount of Each Disbursement this Period 7450.87 Transaction ID : SB17.10754
City Alexandria	State VA	
Zip Code 22304	Purpose of Disbursement Media	Category/ Type 004
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) B. Roland-Kelly, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 340 South Pickett Street, #9712		Amount of Each Disbursement this Period 16455.00 Transaction ID : SB17.10731
City Alexandria	State VA	
Zip Code 22304	Purpose of Disbursement Media	Category/ Type 004
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) c. Roland-Kelly, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 340 South Pickett Street, #9712		Amount of Each Disbursement this Period 178227.00 Transaction ID : SB17.10724
City Alexandria	State VA	
Zip Code 22304	Purpose of Disbursement Media	Category/ Type 004
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

SUBTOTAL of Disbursements This Page (optional).....	202132.87
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 46 OF 70			
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Roland-Kelly, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 340 South Pickett Street, #9712		Amount of Each Disbursement this Period 100000.00
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Media	Transaction ID : SB17.10730
Candidate Name Doheny for Congress	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) B. Sage Payment Solutions Division		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1750 Old Meadow Road Suite 300		Amount of Each Disbursement this Period 25.00
City McLean State VA Zip Code 22102	Purpose of Disbursement Merchant Fees	Transaction ID : SB17.10722
Candidate Name Doheny for Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) c. Savory Cafe		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1511 Washington Street		Amount of Each Disbursement this Period 1491.48
City Watertown State NY Zip Code 13601	Purpose of Disbursement Catering of Event	Transaction ID : SB17.10785
Candidate Name Doheny for Congress	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

SUBTOTAL of Disbursements This Page (optional).....	101516.48
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 47 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. SOS Action Fund		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P. O. Box 259		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.10741
City New York	State NY	
Zip Code 10113	Purpose of Disbursement Policy Work	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) B. St. Lawrence County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address P. O. Box 775		Amount of Each Disbursement this Period 680.00 Transaction ID : SB17.10784
City Canton	State NY	
Zip Code 13617	Purpose of Disbursement Ofc Rent	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) c. Stephanie Katherine Gatrell		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 146 Shadow Lane		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.10740
City Martinsburg	State WV	
Zip Code 25403	Purpose of Disbursement Scheduler	Category/ Type 001
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

SUBTOTAL of Disbursements This Page (optional).....	6180.00
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 48 OF 70			
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Stephanie Katherine Gattrell		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 146 Shadow Lane		Amount of Each Disbursement this Period 59.50 Transaction ID : SB17.10769
City Martinsburg State WV Zip Code 25403	Purpose of Disbursement Travel Reimbursements 002 Category/Type	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) B. The Privateers		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address Bonnie Castle Recreation Center 43574 New York 12		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.10790
City Alexandria Bay State NY Zip Code 13607	Purpose of Disbursement Advertisement 004 Category/Type	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) c. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P. O. Box 2086		Amount of Each Disbursement this Period 363.58 Transaction ID : SB17.10744
City Binghamton State NY Zip Code 13902	Purpose of Disbursement Cable, Phone & Internet Services 001 Category/Type	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 21		

SUBTOTAL of Disbursements This Page (optional).....	1423.08
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 49 OF 70	
	<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)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P. O. Box 2086		Amount of Each Disbursement this Period 646.52 Transaction ID : SB17.10745
City Binghamton State NY Zip Code 13902	Purpose of Disbursement Cable, Phone & Internet Services Category/Type 001	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) B. Victory Promotions		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 39 Main Street		Amount of Each Disbursement this Period 6541.24 Transaction ID : SB17.10726
City Canton State NY Zip Code 13617	Purpose of Disbursement Printing Category/Type 004	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) c. Victory Promotions		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 39 Main Street		Amount of Each Disbursement this Period 1454.65 Transaction ID : SB17.10729
City Canton State NY Zip Code 13617	Purpose of Disbursement Printing Category/Type 004	
Candidate Name Doheny for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

SUBTOTAL of Disbursements This Page (optional).....	8642.41
TOTAL This Period (last page this line number only).....	649526.12

**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 50 OF 70	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Doheny for Congress

Full Name (Last, First, Middle Initial) A. Ms Mary E. Doheny		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 303 Paddock Street		Amount of Each Disbursement this Period 25000.00 Transaction ID : SB19A.10788
City Watertown State NY Zip Code 13601	Purpose of Disbursement Repay loan	
Candidate Name Doheny for Congress		Category/ Type 009
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) B. Ms Mary E. Doheny		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 303 Paddock Street		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB19A.10789
City Watertown State NY Zip Code 13601	Purpose of Disbursement Repay loan	
Candidate Name Doheny for Congress		Category/ Type 009
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		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).....	35000.00
TOTAL This Period (last page this line number only).....	35000.00

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)
Doheny for Congress

Transaction ID : **SC/10.10316**

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

Ms Mary E. Doheny

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	25000.00	0.00

TERMS

Date Incurred: M 09 / D 18 / Y 2012
 Date Due: M M / D D / Y 12/31/2012
 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)..... ▶ [] 0.00

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

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)
Doheny for Congress

Transaction ID : **SC/10.10315**

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

Ms Mary E. Doheny

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

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

TERMS

Date Incurred: M 09 / D 19 / Y 2012
 Date Due: M M / D D / Y 12/31/2012
 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)..... ▶ [] 0.00

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

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)
Doheny for Congress

Transaction ID : **SC/10.4118**

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

[PERSONAL FUNDS]

Election: 2009

Matthew Doheny

Primary

Mailing Address
303 Paddock Street

General

Other (specify) ▼

Special-Primary

City State ZIP Code
Watertown NY 13601

Original Amount of Loan 500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

29

2009

11/30/2010

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)..... ▶ 500000.00

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

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)
Doheny for Congress

Transaction ID : **SC/10.5070**

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

[PERSONAL FUNDS]

Election: 2010

Matthew Doheny

Primary

General

Other (specify) ▼

Mailing Address

303 Paddock Street

City

State

ZIP Code

Watertown

NY

13601

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

01 / 15 / 2010

Date Due

11/10/2010

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)..... ▶

150000.00

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) **Doheny for Congress** Transaction ID : **SC/10.5725**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2010
Matthew Doheny Primary
 Mailing Address 303 Paddock Street General
 Other (specify) ▼

City State ZIP Code
 Watertown NY 13601

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

TERMS Date Incurred Date Due Interest Rate Secured:
 06 / 25 / 2010 M M / D D / 11/30/10 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).....	▶	100000.00
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) **Doheny for Congress** Transaction ID : **SC/10.6527**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Matthew Doheny** *[PERSONAL FUNDS]* Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred M 08 / D 15 / Y 2010	Date Due M / D / Y 11/30/10	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	▶	100000.00
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

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)
Doheny for Congress

Transaction ID : **SC/10.6526**

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

Matthew Doheny

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 24 / 2010 M M / D D / 11/30/10 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)..... 150000.00

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

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)
Doheny for Congress

Transaction ID : **SC/10.6662**

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

[PERSONAL FUNDS]

Election: 2010

Matthew Doheny

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 07 / 2010 M M / D D / 11/30/10 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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)
Doheny for Congress

Transaction ID : **SC/10.6797**

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

Matthew Doheny

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

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

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 13 / 2010 M M / D D / 11/30/10 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)..... 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

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)
Doheny for Congress

Transaction ID : **SC/10.6922**

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

[PERSONAL FUNDS]

Election: 2010

Matthew Doheny

Primary

General

Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
200000.00 0.00 200000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2010

11/30/10

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)..... 200000.00

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

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)
Doheny for Congress

Transaction ID : **SC/10.7045**

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

Matthew Doheny

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
300000.00 0.00 300000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 30 / 2010 M M / D D / 11/30/2010 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)..... 300000.00

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

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)
Doheny for Congress

Transaction ID : **SC/10.7415**

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

Matthew Doheny

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
225000.00 0.00 225000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y Y 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)..... ▶ 225000.00

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

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)
Doheny for Congress

Transaction ID : **SC/10.7416**

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

Matthew Doheny

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

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

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)
Doheny for Congress

Transaction ID : **SC/10.7417**

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

[PERSONAL FUNDS]

Election: 2010

Matthew Doheny

Primary

General

Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

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:

10

19

2010

11/30/10

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

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)
Doheny for Congress

Transaction ID : **SC/10.7459**

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

[PERSONAL FUNDS]

Election: 2010

Matthew Doheny

Primary

General

Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10

21

2010

11/30/10

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)..... 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

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)
Doheny for Congress

Transaction ID : **SC/10.7460**

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

Matthew Doheny

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
60000.00 0.00 60000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y Y 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)..... ▶ 60000.00

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) **Doheny for Congress** Transaction ID : **SC/10.7765**

LOAN SOURCE Full Name (Last, First, Middle Initial) Matthew Doheny	[PERSONAL FUNDS]	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 303 Paddock Street		

City	State	ZIP Code
Watertown	NY	13601

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 26 / Y 2010	M M / D D / Y 11/30/2010	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	150000.00
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

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)
Doheny for Congress

Transaction ID : **SC/10.10317**

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

Matthew Doheny

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
303 Paddock Street

City State ZIP Code
Watertown NY 13601

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

TERMS

Date Incurred: M 09 / D 24 / Y 2012
 Date Due: M M / D D / Y 12/31/2012
 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)..... ▶ 300000.00

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) **Doheny for Congress** Transaction ID : **SC/10.10685**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Matthew Doheny** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 303 Paddock Street

City State ZIP Code
 Watertown NY 13601

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300000.00
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TERMS

Date Incurred M 10 / D 05 / Y 2012	Date Due M / D / Y 12/31/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	[] 300000.00
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) **Doheny for Congress** Transaction ID : **SC/10.10686**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Matthew Doheny** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 303 Paddock Street

City State ZIP Code
 Watertown NY 13601

Original Amount of Loan 150000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150000.00
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TERMS

Date Incurred M 10 / D 17 / Y 2012	Date Due M / D / Y 12/31/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶ 150000.00
TOTALS This Period (last page in this line only).....	▶ 3015000.00

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