

# 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) 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 06 / 26 / 2012 in the State of NY  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 06 / 26 / 2012 in the State of NY

5. Covering Period 04 / 01 / 2012 through 06 / 06 / 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 06 / 14 / 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

Write or Type Committee Name  
**Doheny for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	129617.00	593091.00
(b) Total Contribution Refunds (from Line 20(d)) .....	3300.00	3300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	126317.00	589791.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	76462.36	191000.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	15000.00	54596.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61462.36	136404.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	482876.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2265000.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	54500.00	487250.00
(ii) Unitemized.....	2542.00	11341.00
(iii) TOTAL of contributions from individuals ▶	57042.00	498591.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	72575.00	94500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	129617.00	593091.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	2103.80
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	15000.00	54596.19
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	23150.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	144617.00	672940.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76462.36	191000.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	3250.00	3250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	50.00	50.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3300.00	3300.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	79762.36	194300.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	418022.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	144617.00
25. SUBTOTAL (add Line 23 and Line 24).....	562639.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79762.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	482876.76

**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 5 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)  
**Kevin Acevedo**

Mailing Address P. O. Box 19351

City San Juan State PR Zip Code 00919

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

Name of Employer: **McConnelly & Valdes LLC** Occupation: **Attorney**

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  
 06 / 05 / 2012

**Transaction ID : SA11AI.9247**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**B.** 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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012

**Transaction ID : SA11AI.8513**

Amount of Each Receipt this Period  
100.00

Contribution - Primary

**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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.8968**

Amount of Each Receipt this Period  
100.00

Contribution - Primary

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

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

700.00

**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 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	

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NAME OF COMMITTEE (In Full)  
**Doheny for Congress**

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

Mailing Address 23967 Country Route 67

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  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11AI.9024**

Amount of Each Receipt this Period  
50.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Daniel Brockett**

Mailing Address 255 East 74th St, Apt 14A

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Quinn Emanuel Urquhart & Sulli Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2012

**Transaction ID : SA11AI.8955**

Amount of Each Receipt this Period  
1500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Sheila Brody**

Mailing Address 45 Sutton Place South

City State Zip Code  
New York NY 10022

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  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11AI.9167**

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).....

4050.00

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

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

FOR LINE NUMBER: PAGE 7 OF 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)  
**Sheila Brody**

Mailing Address 45 Sutton Place South

City State Zip Code  
New York NY 10022

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.9161**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey T Buley**

Mailing Address 32 Greyston Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer Occupation  
Brown & Weinraub Attorney

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  
 05 / 30 / 2012

**Transaction ID : SA11AI.9119**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey T Buley**

Mailing Address 32 Greyston Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer Occupation  
Brown & Weinraub Attorney

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  
 05 / 30 / 2012

**Transaction ID : SA11AI.9121**

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).....

7500.00

**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"/> 15	

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NAME OF COMMITTEE (In Full)  
**Doheny for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roger Burdick**

Mailing Address 5885 East Circle Drive

City State Zip Code  
Cicero NY 13039

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

Name of Employer Occupation  
Driver's Village Automobile Dealer

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  
05 / 14 / 2012

**Transaction ID : SA11AI.9025**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**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  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : SA11AI.9124**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Alberto Cordero**

Mailing Address Urb Torrimar Alhambra 8-19

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
Self Business Development

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  
06 / 05 / 2012

**Transaction ID : SA11AI.9183**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

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

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

1000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 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)  
**Rosemary Demick**

Mailing Address 66 South Main St

City Hammond State NY Zip Code 13646

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

Name of Employer Yesteryear's Vintage Doors Occupation Retail

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2012

**Transaction ID : SA11AI.9027**

Amount of Each Receipt this Period  
 1500.00

Contribution - Primary

**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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2012

**Transaction ID : SA11AI.9029**

Amount of Each Receipt this Period  
 500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Jonathan Farnham**

Mailing Address 829 Corbett Avenue

City San Francisco State CA Zip Code 94131

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

Name of Employer Brown & Company Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : SA11AI.9041**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

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

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

2250.00

**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)  
**Zoraida Fonalledas**

Mailing Address P. O. Box 71450

City San Juan State PR Zip Code 00936

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

Name of Employer Self Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.9245**

Amount of Each Receipt this Period  
 500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Eric F. Fredenburg**

Mailing Address 5375 Stowe St.

City Lowville State NY Zip Code 13367

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

Name of Employer Lowville Police Occupation Chief

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : SA11AI.9039**

Amount of Each Receipt this Period  
 500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Jose Fuentes**

Mailing Address 750 9th St NW

City Washington State DC Zip Code 20001

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

Name of Employer East Port Strategies LLC Occupation Business Development

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.9246**

Amount of Each Receipt this Period  
 500.00

Contribution - Primary

**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 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)  
**Lionel Lee Hector**

Mailing Address **One Public Square, Ste 27**

City **Watertown** State **NY** Zip Code **13601**

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

Name of Employer **Self Employed** Occupation **Law**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 25 / 2012**

**Transaction ID : SA11AI.9107**

Amount of Each Receipt this Period  
**250.00**

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Antonio A HernaNdez**

Mailing Address **Cond Torrimar Plaza, Apt 1-A**

City **Guaynabo** State **PR** Zip Code **00969**

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

Name of Employer **RMME Law** Occupation **Attorney**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 05 / 2012**

**Transaction ID : SA11AI.9181**

Amount of Each Receipt this Period  
**500.00**

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Norman Hutchinson**

Mailing Address **9 High Street**

City **Alexandria Bay** State **NY** Zip Code **13607**

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

Name of Employer **Bonnie Castle** Occupation **Director of Maintenance**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2012**

**Transaction ID : SA11AI.9110**

Amount of Each Receipt this Period  
**250.00**

Contribution - Primary

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 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)  
**Hector Del Rio Jimenez**

Mailing Address **Cond Torre del Cardenal**  
**675 Calle Sergio Cuevas**

City **San Juan** State **PR** Zip Code **00918**

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

Name of Employer **Self** Occupation **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  
**06 / 05 / 2012**

**Transaction ID : SA11AI.9178**

Amount of Each Receipt this Period  
**500.00**

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Michael Kaidas**

Mailing Address **P. O. Box 268**

City **Cleverdale** State **NY** Zip Code **12820**

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

Name of Employer **Self** 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  
**06 / 01 / 2012**

**Transaction ID : SA11AI.9140**

Amount of Each Receipt this Period  
**2500.00**

In-kind - Office Space Rent

**C.** Full Name (Last, First, Middle Initial)  
**Michael Kaidas**

Mailing Address **P. O. Box 268**

City **Cleverdale** State **NY** Zip Code **12820**

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

Name of Employer **Self** Occupation **Real Estate**

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  
**06 / 01 / 2012**

**Transaction ID : SA11AI.9146**

Amount of Each Receipt this Period  
**2500.00**

In-kind - Office Space

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

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

**5500.00**

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

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

FOR LINE NUMBER: PAGE 13 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)  
**Susan Kaidas**

Mailing Address P. O. Box 268

City State Zip Code  
Cleverdale NY 12820

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

Name of Employer Occupation  
Self 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  
 06 / 01 / 2012

**Transaction ID : SA11AI.9143**

Amount of Each Receipt this Period  
 2500.00

In-kind - Office Space

**B.** Full Name (Last, First, Middle Initial)  
**Susan Kaidas**

Mailing Address P. O. Box 268

City State Zip Code  
Cleverdale NY 12820

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

Name of Employer Occupation  
Self Real Estate

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  
 06 / 01 / 2012

**Transaction ID : SA11AI.9148**

Amount of Each Receipt this Period  
 2500.00

In-kind - Office Space

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Kempner**

Mailing Address 65 East 55th Street  
floor 19

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Davidson Kempner Capital Mngt Investment Manager

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.8969**

Amount of Each Receipt this Period  
 2500.00

Contribution - Primary

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

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

7500.00

**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)  
**Peter J. Kiesecker**

Mailing Address 2024 Leeward La

City Newport Beach State CA Zip Code 92660

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

Name of Employer Standard Pacific Homes 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  
 05 / 22 / 2012

**Transaction ID : SA11AI.9045**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Peter J. Kiesecker**

Mailing Address 2024 Leeward La

City Newport Beach State CA Zip Code 92660

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

Name of Employer Standard Pacific Homes Occupation Real Estate

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  
 05 / 22 / 2012

**Transaction ID : SA11AI.9047**

Amount of Each Receipt this Period  
2500.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mary Mascott**

Mailing Address PO Box 40

City Clayton State NY Zip Code 13624

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

Name of Employer Homemaker Occupation Homemaker

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  
 06 / 03 / 2012

**Transaction ID : SA11AI.9129**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 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)  
**John Merola MD**

Mailing Address 5112 West Taft Road

City State Zip Code  
Liverpool NY 13088

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

Name of Employer Occupation  
Pre North Medical PC Family Ph CEO

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  
 06 / 03 / 2012

**Transaction ID : SA11AI.9128**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Matthew J. Montesi Jr.**

Mailing Address 9 Hillside Drive

City State Zip Code  
Queensbury NY 12804

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

Name of Employer Occupation  
North Country Janitorial Industry

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  
 05 / 07 / 2012

**Transaction ID : SA11AI.8971**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Donald Musnicki**

Mailing Address 5969 Swackhammer Road

City State Zip Code  
Turin NY 13473

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

Name of Employer Occupation  
RBC Wealth Management Finance

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  
 05 / 28 / 2012

**Transaction ID : SA11AI.9163**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

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

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

3250.00

**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)  
**Ricardo Aponte Parsi**

Mailing Address P. O. Box 195630

City San Juan State PR Zip Code 00919

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

Name of Employer Bufoete Aponte Parsi Occupation Attorney

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  
 06 / 05 / 2012

**Transaction ID : SA11AI.9182**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**David L. Pierce**

Mailing Address 58 Mc Gowan Road

City Ogdensburg State NY Zip Code 13669

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

Name of Employer St. Lawrence Food Corp. Occupation Dairy

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  
 05 / 30 / 2012

**Transaction ID : SA11AI.9113**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Chester J Pipkin**

Mailing Address 12045 East Waterfront Dr

City Playa Vista State CA Zip Code 90094

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

Name of Employer Belkin International, Inc. Occupation Technology

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  
 05 / 22 / 2012

**Transaction ID : SA11AI.9042**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

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

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

3250.00



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

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

FOR LINE NUMBER: PAGE 17 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Doheny for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Chester J Pipkin**  
 Mailing Address 12045 East Waterfront Dr  
 City State Zip Code  
 Playa Vista CA 90094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Belkin International, Inc. Technology  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 22 2012  
**Transaction ID : SA11AI.9044**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution - General

**B.** Full Name (Last, First, Middle Initial)  
**David A Preiser**  
 Mailing Address 200 Long Lots Road  
 City State Zip Code  
 Westport CT 06880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Houlihan Lokey Financial  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 22 2012  
**Transaction ID : SA11AI.9083**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**John Ray**  
 Mailing Address 649 Palm Circle East  
 City State Zip Code  
 Naples FL 34102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Avidity Partners LLC 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  
 04 10 2012  
**Transaction ID : SA11AI.8949**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution - Primary

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

5500.00

**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 18 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 A Regis**

Mailing Address 1519 ponce de Leon Ave, Suite 507

City San Juan	State PR	Zip Code 00911
------------------	-------------	-------------------

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

Name of Employer Fast Food Mgt	Occupation Food
-----------------------------------	--------------------

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  
 06 / 05 / 2012

**Transaction ID : SA11AI.9184**

Amount of Each Receipt this Period  
2000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**David Richardson**

Mailing Address 46150 Stump Road

City Wellesley Island	State NY	Zip Code 13640
--------------------------	-------------	-------------------

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : SA11AI.9165**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Rosner**

Mailing Address 17 Meadow Way

City Irvington	State NY	Zip Code 10533
-------------------	-------------	-------------------

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

Name of Employer Kasowitz Benson Torres & Fried	Occupation 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 Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.8948**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 19 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)  
**Jose B. Carrion Rubert**  
 Mailing Address 20 Carrion Court, Apt 601  
 City San Juan State PR Zip Code 00911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CLC Insurance Occupation Insurance  
 Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012  
**Transaction ID : SA11AI.9177**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Elias F Sanchez-Sifonte**  
 Mailing Address P. O. Box 50205  
 City Levitown State PR Zip Code 00950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Business Development  
 Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012  
**Transaction ID : SA11AI.9180**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Kevin R. Smith**  
 Mailing Address 137 Harrison St  
 City Gloversville State NY Zip Code 12078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frontier Communications Occupation Telephone  
 Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : SA11AI.9050**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution - Primary

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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)  
**Mark Westcott**

Mailing Address 31 Oakwood Drive

City State Zip Code  
Queensbury NY 12804

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

Name of Employer Occupation  
Westcott Marketing, Inc. Marketing

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  
05 / 15 / 2012

**Transaction ID : SA11AI.9037**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**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).....

500.00

54500.00

**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 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**

**A.** Full Name (Last, First, Middle Initial)  
**21ST CENTURY PAC**

Mailing Address 2052 Lake Audubon Court  
Suite 300

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C C00315747**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012

**Transaction ID : SA11C.9077**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**ACTON PAC**

Mailing Address P.O. Box 442

City Sharpsburg State GA Zip Code 30277

FEC ID number of contributing federal political committee. **C C00411579**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11C.9101**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21014

FEC ID number of contributing federal political committee. **C C00435974**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2012

**Transaction ID : SA11C.9066**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 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**

**A. AUSTIN SCOTT FOR CONGRESS INC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2530

City TIFTON	State GA	Zip Code 31793
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00482737

Name of Employer	Occupation
------------------	------------

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  
 05 / 29 / 2012

**Transaction ID : SA11C.9092**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Contribution - Primary

**B. BILL SHUSTER FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 27

City HOLLIDAYSBURGH	State PA	Zip Code 16648
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00364935

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  
 05 / 30 / 2012

**Transaction ID : SA11C.9132**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Contribution - Primary

**C. CANDICE MILLER FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 182152

City SHELBY TOWNSHIP	State MI	Zip Code 48318
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00365593

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  
 05 / 16 / 2012

**Transaction ID : SA11C.9079**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Contribution - Primary

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

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

\_\_\_\_\_ 2500.00

\_\_\_\_\_

**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 23 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**

A. Full Name (Last, First, Middle Initial)  
**CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)**

Mailing Address **12176 CHANCERY STATION CIRCLE**

City State Zip Code  
**RESTON VA 20190**

FEC ID number of contributing federal political committee. **C C00404392**

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  
**05 21 2012**  
**Transaction ID : SA11C.9063**

Amount of Each Receipt this Period  
**1000.00**  
 Contribution - Primary

B. Full Name (Last, First, Middle Initial)  
**CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)**

Mailing Address **5915 EASTMAN AVENUE SUITE 100**

City State Zip Code  
**MIDLAND MI 48640**

FEC ID number of contributing federal political committee. **C C00350462**

Name of Employer Occupation

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  
**05 29 2012**  
**Transaction ID : SA11C.9058**

Amount of Each Receipt this Period  
**5000.00**  
 Contribution - General

C. Full Name (Last, First, Middle Initial)  
**CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)**

Mailing Address **5915 EASTMAN AVENUE SUITE 100**

City State Zip Code  
**MIDLAND MI 48640**

FEC ID number of contributing federal political committee. **C C00350462**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 29 2012**  
**Transaction ID : SA11C.9060**

Amount of Each Receipt this Period  
**5000.00**  
 Contribution - Primary

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>11000.00</b>
<b>TOTAL</b> 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 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**

**A.** Full Name (Last, First, Middle Initial)  
**EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Mailing Address 25 EAST MAIN STREET, SUITE 200

City Richmond State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : SA11C.9061**

Amount of Each Receipt this Period  
 5000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Mailing Address 25 EAST MAIN STREET, SUITE 200

City Richmond State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : SA11C.9062**

Amount of Each Receipt this Period  
 5000.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**Eye of the Tiger PAC**

Mailing Address P. O. Box 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : SA11C.9090**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

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

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

11000.00



**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 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**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM AND SECURITY PAC**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

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  
05 / 31 / 2012

**Transaction ID : SA11C.9073**

Amount of Each Receipt this Period  
1500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**FREEDOM PROJECT; THE**

Mailing Address 320 1ST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2012

**Transaction ID : SA11C.9054**

Amount of Each Receipt this Period  
5000.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JOHN BOEHNER**

Mailing Address 7908 CINCINNATI DAYTON ROAD SUITE I

City State Zip Code  
WEST CHESTER OH 45069

FEC ID number of contributing federal political committee. **C** C00237198

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  
05 / 30 / 2012

**Transaction ID : SA11C.9052**

Amount of Each Receipt this Period  
2000.00

Contribution - Primary

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

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

8500.00

**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 26 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**

**A. FRIENDS OF JOHN BOEHNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7908 CINCINNATI DAYTON ROAD  
 SUITE I  
 City WEST CHESTER State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C** C00237198  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012  
**Transaction ID : SA11C.9053**  
 Amount of Each Receipt this Period  
 2000.00  
 Contribution - General

**B. FRIENDS OF SAM JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 860096  
 City PLANO State TX Zip Code 75086  
 FEC ID number of contributing federal political committee. **C** C00250720  
 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  
 05 / 24 / 2012  
**Transaction ID : SA11C.9071**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution - Primary

**C. Mr. Philip Giordano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2392 Hawthorne Drive  
 City Yorktown Heights State NY Zip Code 10598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Deutsche Bank Analyst  
 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  
 06 / 04 / 2012  
**Transaction ID : SA11C.9256**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution - Primary

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

3500.00

**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**

**A.** Full Name (Last, First, Middle Initial)  
**GRIMM PAC**

Mailing Address P. O. Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00497677

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  
 05 / 11 / 2012

**Transaction ID : SA11C.9064**

Amount of Each Receipt this Period  
 2000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Tom Hefferon**

Mailing Address 456 Lahenauer Dr

City Watertown State NY Zip Code 13601

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

Name of Employer Occupation  
 Self Realtor

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  
 05 / 25 / 2012

**Transaction ID : SA11C.9135**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)**

Mailing Address 701 8TH STREET, NW  
 SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00376038

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  
 05 / 21 / 2012

**Transaction ID : SA11C.9085**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 28 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)  
**ISSA FOR CONGRESS**

Mailing Address **PO BOX 760**

City **VISTA** State **CA** Zip Code **92085**

FEC ID number of contributing federal political committee. **C C00350520**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2012**

**Transaction ID : SA11C.9069**

Amount of Each Receipt this Period  
**1000.00**

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**LONE STAR LEADERSHIP PAC**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00415208**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 17 / 2012**

**Transaction ID : SA11C.9056**

Amount of Each Receipt this Period  
**1000.00**

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address **P.O. BOX 10134**

City **BAKERSFIELD** State **CA** Zip Code **93389**

FEC ID number of contributing federal political committee. **C C00428052**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2012**

**Transaction ID : SA11C.9075**

Amount of Each Receipt this Period  
**5000.00**

Contribution - Primary

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

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

**7000.00**

**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 29 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**

**A.** Full Name (Last, First, Middle Initial)  
**MARLIN PAC**

Mailing Address PO BOX 26141

City: ALEXANDRIA State: VA Zip Code: 22313

FEC ID number of contributing federal political committee: **C C00492868**

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 29 / 2012

**Transaction ID : SA11C.9095**

Amount of Each Receipt this Period: 1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mike R Fund**

Mailing Address P. O. Box 2485

City: Springfield State: VA Zip Code: 22152

FEC ID number of contributing federal political committee: **C C00370791**

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 22 / 2012

**Transaction ID : SA11C.9087**

Amount of Each Receipt this Period: 500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City: ALEXANDRIA State: VA Zip Code: 22314

FEC ID number of contributing federal political committee: **C C00459123**

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 12 / 2012

**Transaction ID : SA11C.9099**

Amount of Each Receipt this Period: 2000.00

Contribution - Primary

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

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

3500.00

**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 30 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**

**A.** Full Name (Last, First, Middle Initial)  
**OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City State Zip Code  
SUGAR LAND TX 77496

FEC ID number of contributing federal political committee. **C** C00437913

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  
 05 / 31 / 2012

**Transaction ID : SA11C.9081**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00325357

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  
 05 / 30 / 2012

**Transaction ID : SA11C.9097**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**PROSPERITY PAC**

Mailing Address 1006 PENDLETON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

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  
 05 / 29 / 2012

**Transaction ID : SA11C.9088**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 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**

**A.** Full Name (Last, First, Middle Initial)  
**PROSPERITY PAC**

Mailing Address 1006 PENDLETON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11C.9089**

Amount of Each Receipt this Period  
5000.00

Contribution - General

**B.** Full Name (Last, First, Middle Initial)  
**PRUSA PAC**

Mailing Address 1437 POWHATAN STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00356329

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  
06 / 05 / 2012

**Transaction ID : SA11C.9176**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

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

Mailing Address 821 East Genesee St

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  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 04 / 2012

**Transaction ID : SA11C.9139**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

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

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

6250.00

**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 32 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**

**A.** Full Name (Last, First, Middle Initial)  
**Marion Slonecker**

Mailing Address 12 Hillcrest Lane

City Old Greenwich State CT Zip Code 06870

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

Name of Employer Homemaker Occupation Homemaker

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  
 06 / 04 / 2012

**Transaction ID : SA11C.9137**

Amount of Each Receipt this Period  
1500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Marion Slonecker**

Mailing Address 12 Hillcrest Lane

City Old Greenwich State CT Zip Code 06870

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

Name of Employer Homemaker Occupation Homemaker

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  
 06 / 04 / 2012

**Transaction ID : SA11C.9138**

Amount of Each Receipt this Period  
2500.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC)**

Mailing Address P.O. BOX 65314

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00328468

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  
 05 / 29 / 2012

**Transaction ID : SA11C.9055**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

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

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

6500.00



**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 33 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**

**A.** Full Name (Last, First, Middle Initial)  
**VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. BOX 661  
PO BOX 5458

City COLLINSVILLE State IL Zip Code 62234

FEC ID number of contributing federal political committee. **C** C00258855

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  
05 / 14 / 2012

**Transaction ID : SA11C.9094**

Amount of Each Receipt this Period  
2000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Michael Young**

Mailing Address 7659 North State St

City Lowville State NY Zip Code 13367

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  
175.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 04 / 2012

**Transaction ID : SA11C.9134**

Amount of Each Receipt this Period  
75.00

Contribution - Primary

**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).....

2075.00

72575.00

**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 34 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**Jeffrey T. Buley Attorney at Law**

Mailing Address 79 columbia St

City Albany State NY Zip Code 12210

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA14.8967**

Amount of Each Receipt this Period  
15000.00

Refund Campaign Legal Fees

**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).....

15000.00

15000.00

**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 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) <b>A. Andrew Trombley</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012
Mailing Address To be entered		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.8998</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Campaign Coordinator	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) <b>B. Andrew Trombley</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address To be entered		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9152</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Campaign Coordinator	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) <b>c. Authorize.net Gateway billing</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.8942</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Merchant Fees	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1920.00
<b>TOTAL</b> 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) <b>A. Authorize.net Gateway billing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.8984</b>
City American Fork State UT Zip Code 84003	Purpose of Disbursement Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net Gateway billing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.9156</b>
City American Fork State UT Zip Code 84003	Purpose of Disbursement Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. Bellwether Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 1100 G Street, Suite 800		Amount of Each Disbursement this Period 57.86 <b>Transaction ID : SB17.8990</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Fundraising strategy services 003 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	97.86
<b>TOTAL</b> 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) <b>A. BusinessKeeping</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 26 Valdepenas Lane		Amount of Each Disbursement this Period 1997.97 <b>Transaction ID : SB17.8929</b>
City Clifton Park State NY Zip Code 12065	Purpose of Disbursement Bookkeeping Services 3.31.12 reporting 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 505.00 <b>Transaction ID : SB17.9022</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fund Raiser Event - Food 003 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. Coughlin Printing Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 144 Main Avenue		Amount of Each Disbursement this Period 226.28 <b>Transaction ID : SB17.8986</b>
City Watertown State NY Zip Code 13601	Purpose of Disbursement Banner Inv 04112DC 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2729.25
<b>TOTAL</b> 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) <b>A. Coughlin Printing Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 144 Main Avenue		Amount of Each Disbursement this Period 50.91 <b>Transaction ID : SB17.9020</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Invites Inv 05252DC	Category/ Type 003
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. Franklin County Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address c/o James Ellis 58 Broad St.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9001</b>
City Tupper Lake	State NY	
Zip Code 12986	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>c. Friends of Ken Blankerbush - 122nd Assembly NY Dist.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address P. O. Box 470		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9003</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Tee Box Sponsorship	Category/ Type 004
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.91
<b>TOTAL</b> 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) <b>A. HSBC Bank USA, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : SB17.8944</b>
City Albany State NY Zip Code 12207	Purpose of Disbursement BankCard Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. HSBC Bank USA, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 130.94 <b>Transaction ID : SB17.8941</b>
City Albany State NY Zip Code 12207	Purpose of Disbursement BankCard Merchant Fees - MTOT 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. HSBC Bank USA, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : SB17.8981</b>
City Albany State NY Zip Code 12207	Purpose of Disbursement BankCard Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	164.94
<b>TOTAL</b> 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) <b>A. HSBC Bank USA, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 31.94 <b>Transaction ID : SB17.8985</b>
City Albany State NY Zip Code 12207	Purpose of Disbursement BankCard Merchant Fees - MTOT 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. HSBC Bank USA, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : SB17.9155</b>
City Albany State NY Zip Code 12207	Purpose of Disbursement BankCard Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. HSBC Bank USA, N.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 31.94 <b>Transaction ID : SB17.9158</b>
City Albany State NY Zip Code 12207	Purpose of Disbursement BankCard Merchant Fees - MTOT 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.88
<b>TOTAL</b> 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**

**A. i Donate Pro**

Full Name (Last, First, Middle Initial)  
Mailing Address 2033 San Elijo Avenue #203

City Cardiff by the Sea State CA Zip Code 92007

Purpose of Disbursement Data collection subscription/setup 8 months

Candidate Name **Doheny for Congress**

Office Sought:  House  Senate  President  
State: NY District: 21

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Date of Disbursement: 04 / 23 / 2012

Amount of Each Disbursement this Period: 2937.50

Transaction ID : SB17.8930

Category/Type: 001

**B. Jefferson County Fair**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 8003

City Watertown State NY Zip Code 13601

Purpose of Disbursement Advertisement

Candidate Name **Doheny for Congress**

Office Sought:  House  Senate  President  
State: NY District: 21

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Date of Disbursement: 05 / 23 / 2012

Amount of Each Disbursement this Period: 575.00

Transaction ID : SB17.9002

Category/Type: 004

**c. Jeffrey T. Buley Attorney at Law**

Full Name (Last, First, Middle Initial)  
Mailing Address 79 columbia St

City Albany State NY Zip Code 12210

Purpose of Disbursement Designation petitions legal services

Candidate Name **Doheny for Congress**

Office Sought:  House  Senate  President  
State: NY District: 21

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Date of Disbursement: 04 / 10 / 2012

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.8924

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 8512.50

**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) <b>A. Jeffrey T. Buley Attorney at Law</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 79 columbia St		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB17.8966</b>
City Albany State NY Zip Code 12210	Purpose of Disbursement Campaign Legal Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. Jude R. Seymour</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.8921</b>
City Watertown State NY Zip Code 13601	Purpose of Disbursement Spokesman Consulting 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. Jude R. Seymour</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 350.85 <b>Transaction ID : SB17.9010</b>
City Watertown State NY Zip Code 13601	Purpose of Disbursement Reimburse Travel Jan - April 002 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19100.85
<b>TOTAL</b> 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) <b>A. Jude R. Seymour</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 761.57 <b>Transaction ID : SB17.9011</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Reimburse Office Supplies, Copies & telephones	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. Jude R. Seymour</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.8989</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Spokesman Consulting	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>c. Jude R. Seymour</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.9153</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Spokesman Consulting	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8261.57
<b>TOTAL</b> 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) <b>A. Michael Kaidas</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address P. O. Box 268		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.9142</b>
City Cleverdale	State NY	
Zip Code 12820	Purpose of Disbursement In-kind - Office Space Rent	Category/ Type
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. Michael Kaidas</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address P. O. Box 268		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.9147</b>
City Cleverdale	State NY	
Zip Code 12820	Purpose of Disbursement In-kind - Office Space	Category/ Type
Candidate Name <b>Doheny for Congress</b>	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>c. Susan Kaidas</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address P. O. Box 268		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.9145</b>
City Cleverdale	State NY	
Zip Code 12820	Purpose of Disbursement In-kind - Office Space	Category/ Type
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> 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) <b>A. Susan Kaidas</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address P. O. Box 268		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.9149</b>
City Cleverdale	State NY	
Purpose of Disbursement In-kind - Office Space		Category/ Type
Candidate Name <b>Doheny for Congress</b>		
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>B. Lindsay Bednarczyk</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 205 Matty Ave, Apt. 1		Amount of Each Disbursement this Period 340.00 <b>Transaction ID : SB17.8927</b>
City Syracuse	State NY	
Purpose of Disbursement Administrative Services Inv 001		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Loremans'</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 1599 Route 9		Amount of Each Disbursement this Period 446.69 <b>Transaction ID : SB17.9021</b>
City Keesville	State NY	
Purpose of Disbursement Pens customized Inv 66344		Category/ Type 004
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3286.69
<b>TOTAL</b> 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) <b>A. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.8939</b>
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Email Marketing Service 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.9150</b>
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Email Marketing Service 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. Northern Copy Products</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 307 S. Hamilton Street		Amount of Each Disbursement this Period 188.56 <b>Transaction ID : SB17.8993</b>
City Watertown State NY Zip Code 13601	Purpose of Disbursement Rental of digital copier 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	288.56
<b>TOTAL</b> 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) <b>A. Northern Copy Products</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 307 S. Hamilton Street		Amount of Each Disbursement this Period 188.56 <b>Transaction ID : SB17.9019</b>
City Watertown	State NY	
Zip Code 13601	Purpose of Disbursement Rental of digital copier	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. Patton Boggs LLP Attorneys at Law</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 2550 M Street, NW		Amount of Each Disbursement this Period 216.80 <b>Transaction ID : SB17.8987</b>
City Washington	State DC	
Zip Code 20037	Purpose of Disbursement Legal Election Advice Inv 10356274	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>c. Patton Boggs LLP Attorneys at Law</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 2550 M Street, NW		Amount of Each Disbursement this Period 831.20 <b>Transaction ID : SB17.9008</b>
City Washington	State DC	
Zip Code 20037	Purpose of Disbursement Legal Election Advice Inv 10358962	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1236.56
<b>TOTAL</b> 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) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 2671.30 <b>Transaction ID : SB17.8945</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Piryx- contribution fees 001 Category/ Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 178.25 <b>Transaction ID : SB17.8980</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Piryx- contribution fees 001 Category/ Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 33.05 <b>Transaction ID : SB17.9151</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Piryx- contribution fees 001 Category/ Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2882.60
<b>TOTAL</b> 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) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 4.30 <b>Transaction ID : SB17.9160</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Piryx- contribution fees	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. Quanco Associates LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address 17890 Goodnough St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.8994</b>
City Adams Center	State NY	
Zip Code 13606	Purpose of Disbursement Campaign Office Rent	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>c. Sage Payment Solutions Division</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 1750 Old Meadow Road Suite 300		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.8940</b>
City McLean	State VA	
Zip Code 22102	Purpose of Disbursement Merchant Fees	Category/ Type 001
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1029.30
<b>TOTAL</b> 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 50 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) <b>A. Sage Payment Solutions Division</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 1750 Old Meadow Road Suite 300		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.8982</b>
City McLean State VA Zip Code 22102	Purpose of Disbursement Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. Sage Payment Solutions Division</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1750 Old Meadow Road Suite 300		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.9157</b>
City McLean State VA Zip Code 22102	Purpose of Disbursement Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. Sirk, Alicia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 2017 State Route 22B		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.8920</b>
City Morrisonville State NY Zip Code 12962	Purpose of Disbursement Local Campaign Coordinator - Consulting 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3100.00
<b>TOTAL</b> 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 51 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) <b>A. Sirk, Alicia</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 2017 State Route 22B		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.8988</b>
City Morrisonville State NY Zip Code 12962	Purpose of Disbursement Local Campaign Coordinator - 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. Sirk, Alicia</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2012
Mailing Address 2017 State Route 22B		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.9154</b>
City Morrisonville State NY Zip Code 12962	Purpose of Disbursement Local Campaign Coordinator - 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. The Prosper Group</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2012
Mailing Address 435 East Main St. Suite 250		Amount of Each Disbursement this Period 2650.00 <b>Transaction ID : SB17.8922</b>
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Website Development & hosting Invoices 2439+2605 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8750.00
<b>TOTAL</b> 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 52 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) <b>A. The Prosper Group</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2012
Mailing Address 435 East Main St. Suite 250		Amount of Each Disbursement this Period 1075.00 <b>Transaction ID : SB17.8991</b>
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Website maintenance & hosting Category/Type 004	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. The Prosper Group</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2012
Mailing Address 435 East Main St. Suite 250		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.9000</b>
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Website development/Phase 2 Category/Type 004	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

Full Name (Last, First, Middle Initial) <b>c. Time Warner Cable</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2012
Mailing Address P. O. Box 2086		Amount of Each Disbursement this Period 800.31 <b>Transaction ID : SB17.8992</b>
City Binghamton State NY Zip Code 13902	Purpose of Disbursement Cable, Phone & Internet Services Category/Type 001	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5625.31
<b>TOTAL</b> 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 53 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) <b>A. UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address 107 Court Street		Amount of Each Disbursement this Period 376.76 <b>Transaction ID : SB17.8923</b>
City Watertown	State NY	
Purpose of Disbursement Postage/copies	Category/ Type 001	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

Full Name (Last, First, Middle Initial) <b>B. UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 107 Court Street		Amount of Each Disbursement this Period 381.92 <b>Transaction ID : SB17.8995</b>
City Watertown	State NY	
Purpose of Disbursement Postage/copies	Category/ Type 001	
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 21	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	758.68
<b>TOTAL</b> This Period (last page this line number only).....	76126.46

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

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NAME OF COMMITTEE (In Full)  
**Doheny for Congress**

Full Name (Last, First, Middle Initial) <b>A. Driver's Village</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2012
Mailing Address 5885 East Circle Drive		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.8934</b>
City Cicero	State NY	
Zip Code 13039	Purpose of Disbursement Refund prohibited contribution rec'd in error	Category/ Type 010
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel Krueger</b>		Date of Disbursement MM / DD / YYYY 04 / 05 / 2012
Mailing Address 808 columbus Ave		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.8965</b>
City New York	State NY	
Zip Code 10025	Purpose of Disbursement Refund of over contribution rec'd in error	Category/ Type 010
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>c. Mohawk Logistics</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2012
Mailing Address P. O. Box 3065		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.8932</b>
City Syracuse	State NY	
Zip Code 13220	Purpose of Disbursement Refund prohibited contribution rec'd in error	Category/ Type 010
Candidate Name <b>Doheny for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	3000.00

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

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

NAME OF COMMITTEE (In Full)  
**Doheny for Congress**

Full Name (Last, First, Middle Initial) <b>A. Friends of Patty Ritchie</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address P. O. Box 626		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB20C.8938</b>
City Canton	State NY	
Purpose of Disbursement Refund prohibited contribution rec'd in error		Category/ Type 010
Candidate Name <b>Doheny for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	50.00

**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/10.4118**

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

**Matthew Doheny**

**[PERSONAL FUNDS]**

Election: 2009

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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

City State ZIP Code  
Alexandria Bay NY 13607

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:

01

15

2010

11/10/2010

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)..... 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/10.5725**

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

**[PERSONAL FUNDS]**

Election: 2010

**Matthew Doheny**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
06 / 25 / 2010 M M / D D / 11/30/10 Y 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)..... 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/10.6527**

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

**[PERSONAL FUNDS]**

Election: 2010

**Matthew Doheny**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
08 / 15 / 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**

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)

**[PERSONAL FUNDS]**

Election: 2010

**Matthew Doheny**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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 Y 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)..... 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

65 High Street

City

State

ZIP Code

Alexandria Bay

NY

13607

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

**TERMS**

Date Incurred

09 / 07 / 2010

Date Due

11/30/10

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

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)

**[PERSONAL FUNDS]**

Election: 2010

**Matthew Doheny**

Primary

General

Other (specify) ▼

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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

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)

**Matthew Doheny**

**[PERSONAL FUNDS]**

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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

**TERMS**

Date Incurred: M 09 / D 30 / Y 2010  
 Date Due: M M / D D / Y 11/30/10  
 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	200000.00
<b>TOTALS</b> 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  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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 30 / Y 2010  
 Date Due: M M / D D / Y 11/30/2010  
 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	300000.00
<b>TOTALS</b> 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  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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:
10 / 19 / 2010	11/30/10	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)..... ▶ 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  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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  
10 19 / 2010

M M / D D / Y Y Y Y  
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  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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**

NAME OF COMMITTEE (In Full) **Doheny for Congress** Transaction ID : **SC/10.7460**

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

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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

Date Incurred M 10 / D 21 / 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
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	60000.00
<b>TOTALS</b> 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  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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 26 / Y 2010 Date Due: M M / D D / Y 11/30/2010 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)..... ▶ 2265000.00

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