

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Doheny for Congress

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

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

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2012 through M M / D D / Y Y Y Y 03 / 31 / 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 M M / D D / Y Y Y Y 04 / 15 / 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))....	154319.00	463474.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	154319.00	463474.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	52729.25	114538.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	39596.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52729.25	74941.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	418022.12	
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).....	127250.00	432750.00
(ii) Unitemized.....	8269.00	8799.00
(iii) TOTAL of contributions from individuals ▶	135519.00	441549.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18800.00	21925.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	154319.00	463474.00
<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>	0.00	39596.19
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	300.00	23150.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	154619.00	528323.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52729.25	114538.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	52729.25	114538.14

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	316132.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	154619.00
25. SUBTOTAL (add Line 23 and Line 24).....	470751.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52729.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	418022.12

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

Form/Schedule: F3N  
Transaction ID :

Refunds made for prohibited contributions accepted in error - Check #907 Mohawk Logistics \$250, #908 Carthage Fibre Drum \$100, #909 Driver's Village \$250, #910 LOC Destiny \$50, #911 Fruce Building Supply \$100 & #913 Friends of Patty Ritchie \$50. Voided Check Numbers 854, 855,856,862 and 868. Johathan Harris made a \$500 contribution on 7/20/2009 for the Speical Primary, however, it appears to be included in this election cycle aggregate on our current filing (others for the same period have been checked - their aggregates appear to be correct.)

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
	<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)  
**Tanja Aalto**

Mailing Address 71 Murray St, Apt. 9

City State Zip Code  
New York NY 10007

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  
03 / 30 / 2012

**Transaction ID : SA11AI.8900**

Amount of Each Receipt this Period  
2500.00

Contribution - General

**B.** Full Name (Last, First, Middle Initial)  
**Tanja Aalto**

Mailing Address 71 Murray St, Apt. 9

City State Zip Code  
New York NY 10007

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  
03 / 30 / 2012

**Transaction ID : SA11AI.8902**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Marc Adler**

Mailing Address 301 Wolf St

City State Zip Code  
Syracuse NY 13208

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

Name of Employer Occupation  
Reggie Real Estate Inc. Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SA11AI.8674**

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).....

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 72
	<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)  
**Jeffrey A Altman**

Mailing Address 640 Fifth Ave, 20th Floor

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Self Employed Doctor

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  
03 / 06 / 2012

**Transaction ID : SA11AI.8613**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey A Altman**

Mailing Address 640 Fifth Ave, 20th Floor

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Self Employed Doctor

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  
03 / 06 / 2012

**Transaction ID : SA11AI.8615**

Amount of Each Receipt this Period  
2500.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**Cheryl Sladkin Altschuler**

Mailing Address 5 Meadow Gate East

City State Zip Code  
St. James NY 11780

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

Name of Employer Occupation  
Self Employed Doctor

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  
03 / 19 / 2012

**Transaction ID : SA11AI.8644**

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 8 OF 72
	<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)  
**Cheryl Sladkin Altschuler**

Mailing Address 5 Meadow Gate East

City St. James State NY Zip Code 11780

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

Name of Employer Self Employed Occupation Doctor

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  
 03 / 19 / 2012

**Transaction ID : SA11AI.8645**

Amount of Each Receipt this Period  
2500.00

Contribution - General

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

Mailing Address 101 Warren St., Apt 2020

City New York State NY Zip Code 10007

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

Name of Employer Quinn Emanuel Urquhart LLP Occupation Law

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  
 03 / 19 / 2012

**Transaction ID : SA11AI.8864**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Peter Armenio**

Mailing Address 101 Warren St., Apt 2020

City New York State NY Zip Code 10007

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

Name of Employer Quinn Emanuel Urquhart LLP Occupation Law

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  
 03 / 19 / 2012

**Transaction ID : SA11AI.8866**

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 9 OF 72
	<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)  
**Lisa Beckerman**

Mailing Address 82 Bloomfield St

City Hoboken State NJ Zip Code 07030

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

Name of Employer Akin Gump Strauss Hauer & Feld Occupation Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2012

**Transaction ID : SA11AI.8853**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Anthony L Berger**

Mailing Address 8 Makepeace Hill

City Waccabuc State NY Zip Code 10597

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

Name of Employer Self Occupation Medicine

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.8536**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Stephen J Blauner**

Mailing Address 1168 Hunns Lake Rd

City Pine Plains State NY Zip Code 12567

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.8692**

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).....

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 10 OF 72
	<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  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : SA11AI.8605**

Amount of Each Receipt this Period  
100.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Terry L Brown**

Mailing Address 605 Briar Brook Run

City State Zip Code  
Fayetteville NY 13066

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

Name of Employer Occupation  
O'Brien & Gere Engineering

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  
03 / 26 / 2012

**Transaction ID : SA11AI.8785**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael B. Carlinsky**

Mailing Address 7 Wrights Mill Road

City State Zip Code  
Armonk NY 10504

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

Name of Employer Occupation  
Quinn Emanuel Lawyer

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  
03 / 28 / 2012

**Transaction ID : SA11AI.8892**

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).....

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas C Carlson**

Mailing Address 55 East 52nd St

City State Zip Code  
New York NY 10055

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

Name of Employer Occupation  
Duff & Phelps CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11AI.8705**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Thomas J Cerio**

Mailing Address 407 South Warren St.

City State Zip Code  
Syracuse NY 13202

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SA11AI.8636**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

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

Mailing Address 11 Edgerton Ct

City State Zip Code  
Darien CT 06820

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

Name of Employer Occupation  
Simonetta & Associates Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.8760**

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 72
	<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)  
**Timothy R Coleman**

Mailing Address 200 Dolphin Cove Quay

City State Zip Code  
Stamford CT 06902

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

Name of Employer Occupation  
Balckston Group Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.8647**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Walter Coles**

Mailing Address 47 East 64th St, Apt 7D

City State Zip Code  
New York NY 10065

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

Name of Employer Occupation  
Virginia Uranium Inc. Fuel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2012

**Transaction ID : SA11AI.8846**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John Corcoran**

Mailing Address 3255 Pierce St

City State Zip Code  
San Francisco CA 94123

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

Name of Employer Occupation  
Pricewaterhousecoopers 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  
 03 / 26 / 2012

**Transaction ID : SA11AI.8883**

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 13 OF 72
	<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)  
**William C Couch Jr.**

Mailing Address 215 Washington St.

City State Zip Code  
Watertown NY 13601

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

Name of Employer Occupation  
The Couch Group Investments

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SA11AI.8630**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Raniero D'Aversa**

Mailing Address 5 Greenway

City State Zip Code  
Muttontown NY 11771

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

Name of Employer Occupation  
Orrick's Reconstructing Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11AI.8698**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Robert Dakis**

Mailing Address 663 Newcomb Road

City State Zip Code  
Ridgewood NJ 07450

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

Name of Employer Occupation  
Quinn Emanuel Urquhart LLP Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2012

**Transaction ID : SA11AI.8859**

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).....

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 14 OF 72
	<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)  
**Duncan Darrow**

Mailing Address 787 7th Avenue

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Sidney Austin Partner

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  
 03 / 23 / 2012

**Transaction ID : SA11AI.8697**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Douglas Dier**

Mailing Address 41096 Kehoe Drive

City State Zip Code  
Clayton NY 13624

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

Name of Employer Occupation  
AT Mathews & Dier Insurance Sales

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  
 03 / 26 / 2012

**Transaction ID : SA11AI.8804**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Jill M Doheny**

Mailing Address 22 N Scribewood Circle

City State Zip Code  
The Woodlands TX 77382

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

Name of Employer Occupation  
Pfizer Pharmaceuticals

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  
 03 / 29 / 2012

**Transaction ID : SA11AI.8842**

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 15 OF 72
	<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 Doheny**

Mailing Address 22 N Scribewood Circle

City State Zip Code  
The Woodlands TX 77382

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

Name of Employer Occupation  
Cooper Industries Electrical

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  
 03 / 31 / 2012

**Transaction ID : SA11AI.8837**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

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

Mailing Address 22 N Scribewood Circle

City State Zip Code  
The Woodlands TX 77382

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

Name of Employer Occupation  
Cooper Industries Electrical

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  
 03 / 31 / 2012

**Transaction ID : SA11AI.8844**

Amount of Each Receipt this Period  
2500.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**Patrick Donegan**

Mailing Address P. O. Box 802

City State Zip Code  
Alexandria Bay NY 13607

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.8768**

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 16 OF 72
	<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)  
**Driver's Village**

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.8672**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Carl F Fahrenkrug Jr.**

Mailing Address 8118 Trillium Trail

City State Zip Code  
Manlius NY 13104

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

Name of Employer Occupation  
Microwave Filter Co Engineering

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.8663**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Carl F Fahrenkrug**

Mailing Address 8365 Indian Hill Raod

City State Zip Code  
Manlius NY 13104

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

Name of Employer Occupation  
Microwave Filter Co Engineering

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11AI.8664**

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).....

750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ben Finestone**

Mailing Address 51 Madison Ave, 22nd Floor

City State Zip Code  
New York NY 10010

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

Name of Employer Occupation  
Quinn Emanuel Urquhart Oliver Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.8886**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**William P Fisher**

Mailing Address 3961 Rodeo Circle

City State Zip Code  
Camillus NY 13031

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

Name of Employer Occupation  
Summit Software Technology

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11AI.8616**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**D.B. Forer**

Mailing Address 1370 Sixth Avenue

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Intermarket Capital Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2012

**Transaction ID : SA11AI.8596**

Amount of Each Receipt this Period  
2400.00

Contribution - Primary

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

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

4400.00

**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 72
	<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)  
**Stephen Fraidin**

Mailing Address 7 Bay view Drive

City North Sea State NY Zip Code 11968

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

Name of Employer Lork;amd \* Ellis LLP Occupation Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.8695**

Amount of Each Receipt this Period  
 500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**James D Freyer**

Mailing Address 4504 Red Spruce La

City Manlius State NY Zip Code 13104

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

Name of Employer Haylor Freyer & Coon Inc. 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  
 03 / 22 / 2012

**Transaction ID : SA11AI.8734**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey E Graham**

Mailing Address 557 Pearl Street

City Watertown State NY Zip Code 13601

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

Name of Employer Fort Pearl Inc Occupation Restaraunt Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.8812**

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 19 OF 72
	<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)  
**Kathryn Hachigian**

Mailing Address 6 Inwood Oaks Dr

City Houston State TX Zip Code 77024-6803

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  
 02 / 02 / 2012

**Transaction ID : SA11AI.8534**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kirk Hachigian**

Mailing Address 6 Inwood Oaks Dr

City Houston State TX Zip Code 77024-6803

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

Name of Employer Cooper Industries Occupation 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  
 02 / 02 / 2012

**Transaction ID : SA11AI.8535**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

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

Mailing Address 791 Park Avenue

City New York State NY Zip Code 10021

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

Name of Employer Alternative Investment Mngt Occupation Investments

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012

**Transaction ID : SA11AI.8851**

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 20 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jonathan Harris**

Mailing Address 791 Park Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Alternative Investment Mngt Investments

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SA11AI.8852**

Amount of Each Receipt this Period  
2500.00

Contribution - General

**B.** Full Name (Last, First, Middle Initial)  
**Urban Hirschey**

Mailing Address PO Box 855

City State Zip Code  
Cape Vincent NY 13618

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

Name of Employer Occupation  
Town of Cape Vincent Supervisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 13 / 2012

**Transaction ID : SA11AI.8548**

Amount of Each Receipt this Period  
2000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Matthew Hirshfield**

Mailing Address 66 Spring Court

City State Zip Code  
Muttontown NY 11791

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

Name of Employer Occupation  
Delouette Touche Tohmatsu 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  
03 / 26 / 2012

**Transaction ID : SA11AI.8884**

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).....

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 21 OF 72
	<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)  
**Paul Huchro**

Mailing Address 100 Tower Hill Rd

City State Zip Code  
Scarborough NY 10510

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

Name of Employer Occupation  
Goldman Sachs Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2012

**Transaction ID : SA11AI.8898**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Gary Kaplan**

Mailing Address 8 Hamlin Rd

City State Zip Code  
Edison NJ 08817

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

Name of Employer Occupation  
Fried Frank Harris Shriver Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2012

**Transaction ID : SA11AI.8889**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

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

Mailing Address 6 New Street

City State Zip Code  
Park Ridge NJ 07656

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

Name of Employer Occupation  
Owl Creek Asset Management LP Analyst

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2012

**Transaction ID : SA11AI.8560**

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 22 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Neetu Lakhani</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 22 West 83rd St., Apt 6E		<b>Transaction ID : SA11AI.8839</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Homemaker	Occupation Homemaker	Contribution - Primary
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Neetu Lakhani</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 22 West 83rd St., Apt 6E		<b>Transaction ID : SA11AI.8868</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Homemaker	Occupation Homemaker	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Lang</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 9102 Peartree Landing		<b>Transaction ID : SA11AI.8907</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Morgan Lewis & Bockius LLP	Occupation Law	Contribution - Primary
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 23 OF 72
	<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)  
**Robert P Lannon Jr.**

Mailing Address 858 The Circle

City Lewiston State NY Zip Code 14092

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

Name of Employer CRA Infrastructure Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.8831**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Robert C Lawrence IV**

Mailing Address 20 Edgewood Rd

City Rumson State NJ Zip Code 07760

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

Name of Employer Cadwalder Occupation Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.8690**

Amount of Each Receipt this Period  
 500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Lisa K. Leffell**

Mailing Address 35 Shel Drake Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Self-Employed Occupation Private Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.8770**

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 24 OF 72  
(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)  
**James Lee Leven**

Mailing Address 203 Bayard St

City State Zip Code  
Sackets Harbor NY 13685

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

Name of Employer Occupation  
Community Broadcasters, LLC Communications

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11AI.8856**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Zachary H. Lewis**

Mailing Address 25 W 68th St. Apt 23b

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Monarch Vice President

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  
 02 / 08 / 2012

**Transaction ID : SA11AI.8559**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Allen Lopus**

Mailing Address 402 Greyhawk Circle

City State Zip Code  
Venetia PA 15367

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

Name of Employer Occupation  
Thorp, Reed & Armstrong 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  
 03 / 31 / 2012

**Transaction ID : SA11AI.8906**

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).....

2000.00



**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 72
	<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)  
**Tom McMullen**

Mailing Address 6700 Stevens Road

City State Zip Code  
Jordan NY 13080

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 01 / 2012

**Transaction ID : SA11AI.8567**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**B.** 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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SA11AI.8678**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Minias**

Mailing Address 22 River Terrace  
27H

City State Zip Code  
New York NY 10202

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

Name of Employer Occupation  
Willkie Farr & Gallagher 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  
03 / 19 / 2012

**Transaction ID : SA11AI.8867**

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).....

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 26 OF 72
	<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)  
**Mohawk Logistics**

Mailing Address P. O. Box 3065

City Syracuse State NY Zip Code 13220

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

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  
 03 / 12 / 2012

**Transaction ID : SA11AI.8638**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Steven F Molo**

Mailing Address 341 W. Wellington Ave

City Chicago State IL Zip Code 60657

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

Name of Employer Occupation  
 Molo Lamken LLP Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.8700**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mark D Morgia**

Mailing Address 13322 House Rd

City Clayton State NY Zip Code 13624

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

Name of Employer Occupation  
 Self Employed Mason

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.8676**

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).....

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 27 OF 72
	<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)  
**Kenneth J Pink**

Mailing Address 43 N. Country Club Drive

City Rochester State NY Zip Code 14618

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

Name of Employer Bonadio Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.8732**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Nicholas J Pinto**

Mailing Address 157 Fireside Lane

City Camillus State NY Zip Code 13031

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

Name of Employer Barton & Loguidice Occupation Engineering

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11AI.8619**

Amount of Each Receipt this Period  
 250.00

Contribution - Primary

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

Mailing Address 1 Martin Road

City Rye State NY Zip Code 10580

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

Name of Employer Tribal Fusion Occupation Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.8757**

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).....

3750.00

**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 28 OF 72
	<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)  
**Anthony Princi**

Mailing Address 7 Willow Street

City State Zip Code  
Floral Park NY 11001

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

Name of Employer Occupation  
Morrison Forester Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.8532**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia Princi**

Mailing Address 7 Willow Street

City State Zip Code  
Floral Park NY 11001

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.8533**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher Provost**

Mailing Address 3741 Purdeu Ave

City State Zip Code  
Dallas TX 75225

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

Name of Employer Occupation  
Attorney Diamond McCarthy

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 01 / 2012

**Transaction ID : SA11AI.8564**

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 29 OF 72  
(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)  
**Robert J Rayo**

Mailing Address 7588 Rania Road

City State Zip Code  
Baldwinsville NC 13027

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

Name of Employer Occupation  
Haylor Freyer & Coon Insurance

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  
 03 / 22 / 2012

**Transaction ID : SA11AI.8741**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

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

Mailing Address 4524 State Highway 58

City State Zip Code  
Gouverneur NY 13642

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

Name of Employer Occupation  
Con Tech Building Systems Inc Contractor

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.8621**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**John Reed**

Mailing Address 3831 Purdue St.

City State Zip Code  
Houston TX 77005

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

Name of Employer Occupation  
Cooper US Electronics

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  
 02 / 06 / 2012

**Transaction ID : SA11AI.8556**

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).....

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<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)  
**Steven Reisman**

Mailing Address 96 Murray Ave

City State Zip Code  
Port Washington NY 11050

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

Name of Employer Occupation  
Curtis Mallet-Prevoze Colt LLP Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2012

**Transaction ID : SA11AI.8862**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bradley A Robins**

Mailing Address 151 E 83rd Street  
Apt.6A

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Greenhill & Company Managing Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SA11AI.8848**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Bradley A Robins**

Mailing Address 151 E 83rd Street  
Apt.6A

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Greenhill & Company Managing Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SA11AI.8849**

Amount of Each Receipt this Period  
2500.00

Contribution - General

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<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 31 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Scott**

Mailing Address 255 Hudson Street

City State Zip Code  
New York NY 10013

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

Name of Employer Occupation  
Venor Capital Analyst

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11AI.8905**

Amount of Each Receipt this Period  
500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Joseph R Scuderi**

Mailing Address P. O. Box 3

City State Zip Code  
Dewitt NY 13214

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

Name of Employer Occupation  
Widewaters Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2012

**Transaction ID : SA11AI.8665**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mitchell Seider**

Mailing Address 39 Chesterfield Rd

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Latham & Watkins LLP Law

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2012

**Transaction ID : SA11AI.8857**

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).....

4000.00

**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 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Deb Shapiro</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012
Mailing Address 82 Irving Place		<b>Transaction ID : SA11AI.8845</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Attorney	Contribution - Primary
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>John Shippee</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2012
Mailing Address 224 Crest Road		<b>Transaction ID : SA11AI.8887</b>
City Ridgewood	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Intermarket Corporation	Occupation Investor	Contribution - General
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>John Shippee</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2012
Mailing Address 224 Crest Road		<b>Transaction ID : SA11AI.8888</b>
City Ridgewood	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Intermarket Corporation	Occupation Investor	Contribution - Primary
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 33 OF 72
	<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)  
**Paul C Sisson**

Mailing Address 28 Mayhew Ave

City Larchmont State NY Zip Code 10538

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11AI.8688**

Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2012

**Transaction ID : SA11AI.8855**

Amount of Each Receipt this Period  
 1000.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Raymond J Smith**

Mailing Address 41410 Kehoe Tract Road

City Clayton State NY Zip Code 13624

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

Name of Employer Smithe Contracting Occupation Contractor - Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.8797**

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).....

2000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 72  
(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)  
**Edward J Stenger**

Mailing Address 450 Purchase St

City Rye State NY Zip Code 10580

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

Name of Employer Alix Partners LLC Occupation Finance

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.8753**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Stewart**

Mailing Address 201 N. 30th Street

City Camp Hill State PA Zip Code 17011

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

Name of Employer Eckert Seamans Cherin & Mellot 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  
 03 / 30 / 2012

**Transaction ID : SA11AI.8759**

Amount of Each Receipt this Period  
 500.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James Tecce**

Mailing Address 80 Park Avenue Apt.16JK

City New York State NY Zip Code 10016

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

Name of Employer Quinn Emanuel Urquhart Oliver 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  
 03 / 23 / 2012

**Transaction ID : SA11AI.8702**

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).....

4000.00

**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 35 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Elaine Textor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2012	
Mailing Address 381 Lattingtown Rd		<b>Transaction ID : SA11AI.8551</b>	
City Locust Valley	State NY	Zip Code 11560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
		Contribution - General	

Full Name (Last, First, Middle Initial) <b>B. Elaine Textor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2012	
Mailing Address 381 Lattingtown Rd		<b>Transaction ID : SA11AI.8552</b>	
City Locust Valley	State NY	Zip Code 11560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
		Contribution - Primary	

Full Name (Last, First, Middle Initial) <b>C. Christine E. Tormey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2012	
Mailing Address 981 Pondfield Road		<b>Transaction ID : SA11AI.8517</b>	
City Bronxville	State NY	Zip Code 10708	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Self	Occupation Law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
		Contribution - Primary	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 36 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 281 Pondfield

City State Zip Code  
Bronxville NY 10708

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

Name of Employer Occupation  
Goldman Sachs Analyst

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  
01 / 23 / 2012

**Transaction ID : SA11AI.8516**

Amount of Each Receipt this Period  
2500.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Ughetta**

Mailing Address 2 Larchwood Road

City State Zip Code  
Larchmont NY 10538

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

Name of Employer Occupation  
Fried Frank Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11AI.8694**

Amount of Each Receipt this Period  
500.00

Contribution - General

**C.** Full Name (Last, First, Middle Initial)  
**Ronapol Vichaidith**

Mailing Address One Columbia Place  
Apt.S12F

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Deutsche Bank Finance

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  
03 / 29 / 2012

**Transaction ID : SA11AI.8896**

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).....

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 37 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ronapol Vichaidith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2012
Mailing Address One Columbia Place Apt.S12F		<b>Transaction ID : SA11AI.8897</b>
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Deutsche Bank Finance	Contribution - Primary
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian Walsh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2012
Mailing Address 27 Sagamore Road		<b>Transaction ID : SA11AI.8649</b>
City State Zip Code Marblehead MA 01945	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Fidelity Investments Management Consultant	Contribution - Primary
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Dennis Weller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2012
Mailing Address 4628 Bloomsbury Drive		<b>Transaction ID : SA11AI.8881</b>
City State Zip Code Syracuse NY 13215	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Structural Associates Construction - CEO	Contribution - Primary
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 38 OF 72
	<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)  
**Martin Wells**

Mailing Address 7378 Barberry Lane

City State Zip Code  
Manlius NY 13104

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

Name of Employer Occupation  
Americn Food & Vending Food

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  
03 / 22 / 2012

**Transaction ID : SA11AI.8730**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard I. Werder Jr.**

Mailing Address 61 Church Lane

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Quinn Emmanuel Urquhard LLP Lawyer

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  
03 / 28 / 2012

**Transaction ID : SA11AI.8891**

Amount of Each Receipt this Period  
1000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Craig Zando**

Mailing Address 10 Summit Rd

City State Zip Code  
Verona NJ 07044

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

Name of Employer Occupation  
Deutsche Bank 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  
03 / 28 / 2012

**Transaction ID : SA11AI.8893**

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).....

2500.00

127250.00

**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 39 OF 72
	<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)  
**ALVAREZ & MARSAL HOLDINGS LLC PAC**

Mailing Address 2001 K STREET NW SUITE 803

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00489948

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  
 03 / 23 / 2012

**Transaction ID : SA11C.8913**

Amount of Each Receipt this Period  
 1000.00

Contribution - Primary

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

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11C.8875**

Amount of Each Receipt this Period  
 5000.00

Contribution - Primary

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Patty Ritchie**

Mailing Address P. O. Box 626

City Canton State NY Zip Code 13617

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

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  
 03 / 26 / 2012

**Transaction ID : SA11C.8794**

Amount of Each Receipt this Period  
 50.00

Contribution - Primary

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

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

6050.00

**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 40 OF 72
	<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)**  
**JOBS, ECONOMY AND BUDGET FUND (JEB FUND)**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

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  
03 / 28 / 2012

**Transaction ID : SA11C.8877**

Amount of Each Receipt this Period  
5000.00

Contribution - Primary

**B. Full Name (Last, First, Middle Initial)**  
**KEYCORP ADVOCATES FUND**

Mailing Address 127 PUBLIC SQUARE  
OH-01-27-1816

City State Zip Code  
CLEVELAND OH 44114

FEC ID number of contributing federal political committee. **C** C00073155

Name of Employer Occupation

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  
03 / 19 / 2012

**Transaction ID : SA11C.8915**

Amount of Each Receipt this Period  
250.00

Contribution - Primary

**C. Full Name (Last, First, Middle Initial)**  
**PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)**

Mailing Address 7804 EVENING LANE

City State Zip Code  
ALEXANDRIA VA 22306

FEC ID number of contributing federal political committee. **C** C00363770

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  
03 / 30 / 2012

**Transaction ID : SA11C.8763**

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).....

10250.00



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

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

FOR LINE NUMBER: PAGE 41 OF 72  
(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)  
**PROSPERITY PAC**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11C.8872**

Amount of Each Receipt this Period  
 2500.00

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).....

2500.00

18800.00

**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 42 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Doheny for Congress**

Mailing Address 65 High Street

City Alexandria Bay State NY Zip Code 13607

FEC ID number of contributing federal political committee. **C** C00462853

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA15.8752**

Amount of Each Receipt this Period  
 300.00

Redeposit check written for fundraiser expenses

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

300.00

300.00

**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 43 OF 72			
	<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 01 / 04 / 2012
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.8494</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 02 / 02 / 2012
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.8524</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. Authorize.net Gateway billing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.8574</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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.00
<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 44 OF 72		
	<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 MM / DD / YYYY 02 / 13 / 2012
Mailing Address 26 Valdepenas Lane		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : SB17.8522</b>
City Clifton Park State NY Zip Code 12065	Purpose of Disbursement Bookkeeping Services 12/31/12 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. Coughlin Printing Group</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2012
Mailing Address 144 Main Avenue		Amount of Each Disbursement this Period 96.98 <b>Transaction ID : SB17.8500</b>
City Watertown State NY Zip Code 13601	Purpose of Disbursement Business Cards - Jason Feulner 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: 2010 <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 MM / DD / YYYY 01 / 26 / 2012
Mailing Address 144 Main Avenue		Amount of Each Disbursement this Period 184.93 <b>Transaction ID : SB17.8505</b>
City Watertown State NY Zip Code 13601	Purpose of Disbursement Letterhead 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: 2010 <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).....	1631.93
<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 72			
	<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 01 / 26 / 2012
Mailing Address 144 Main Avenue		Amount of Each Disbursement this Period 444.85 <b>Transaction ID : SB17.8583</b>
City Watertown	State NY	
Purpose of Disbursement Letterhead and #10 Envelopes		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: 2010 <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. Kay Doheny</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 65 High Street		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.8603</b>
City Watertown	State NY	
Purpose of Disbursement Fundraiser Expenses		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 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 01 / 03 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 31.94 <b>Transaction ID : SB17.8493</b>
City Albany	State NY	
Purpose of Disbursement BankCard Merchant Fees - MTOT		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).....	776.79
<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 72			
	<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 01 / 04 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : SB17.8496</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 02 / 02 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : SB17.8523</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 02 / 03 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 31.94 <b>Transaction ID : SB17.8528</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).....	65.94
<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 47 OF 72			
	<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 03 / 02 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : SB17.8573</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 03 / 05 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 31.94 <b>Transaction ID : SB17.8570</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 03 / 23 / 2012
Mailing Address 30 South Pearl St.		Amount of Each Disbursement this Period 76.42 <b>Transaction ID : SB17.8577</b>
City Albany State NY Zip Code 12207	Purpose of Disbursement Check printing charge 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).....	125.36
<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 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input 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. Jason F. Feulner</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2012
Mailing Address 831 Oakwood St.		Amount of Each Disbursement this Period 3334.00 <b>Transaction ID : SB17.8501</b>
City Fayetteville	State NY	
Purpose of Disbursement Finance Director - 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>B. Jason F. Feulner</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2012
Mailing Address 831 Oakwood St.		Amount of Each Disbursement this Period 3334.00 <b>Transaction ID : SB17.8519</b>
City Fayetteville	State NY	
Purpose of Disbursement Finance Director - 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. Jason F. Feulner</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2012
Mailing Address 831 Oakwood St.		Amount of Each Disbursement this Period 2473.00 <b>Transaction ID : SB17.8586</b>
City Fayetteville	State NY	
Purpose of Disbursement Finance Director - 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).....	9141.00
<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 49 OF 72	
	<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 M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.8503</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>B. Jude R. Seymour</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.8520</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 M M / D D / Y Y Y Y 03 / 03 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 3750.00 <b>Transaction ID : SB17.8585</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).....	11250.00
<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 50 OF 72			
	<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 M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 738.00 <b>Transaction ID : SB17.8590</b>
City Watertown	State NY	
Purpose of Disbursement Reimburse Postage Expenses		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 M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 1217 Bronson Street		Amount of Each Disbursement this Period 1817.09 <b>Transaction ID : SB17.8591</b>
City Watertown	State NY	
Purpose of Disbursement Reimburse Travel Expenses		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. Loremans'</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 1599 Route 9		Amount of Each Disbursement this Period 227.08 <b>Transaction ID : SB17.8587</b>
City Keesville	State NY	
Purpose of Disbursement Tee Shirt Screen Printing		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).....	2782.17
<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 72			
	<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 01 / 18 / 2012
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.8497</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 02 / 15 / 2012
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.8529</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. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.8576</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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	110.00
<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 72			
	<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. Patton Boggs LLP Attorneys at Law</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 2550 M Street, NW		Amount of Each Disbursement this Period 267.50 <b>Transaction ID : SB17.8595</b>
City Washington State DC Zip Code 20037	Purpose of Disbursement Legal Services Inv 10354224 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: 2010 <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. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 4801.50 <b>Transaction ID : SB17.8487</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Piryx-1 December 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 01 / 05 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 884.25 <b>Transaction ID : SB17.8489</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Piryx-2 December 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).....	5953.25
<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 53 OF 72			
	<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 MM / DD / YYYY 01 / 08 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 6.75 <b>Transaction ID : SB17.8508</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Piryx-2 December 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. Piryx, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 129.88 <b>Transaction ID : SB17.8569</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Piryx-2 December 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>C. Piryx, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : SB17.8578</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Piryx- 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).....	165.63
<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 54 OF 72			
	<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 03 / 30 / 2012
Mailing Address 144 2nd St., 1st Floor		Amount of Each Disbursement this Period 1799.50 <b>Transaction ID : SB17.8880</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Piryx-March Credit Card Fees 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. Prosper Group Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 5900.00 <b>Transaction ID : SB17.8498</b>
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Web development, maintenance and hosting 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 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. Prosper Group Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 1575.00 <b>Transaction ID : SB17.8589</b>
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Online Strategy, web maintenance and hosting 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 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).....	9274.50
<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 55 OF 72			
	<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. Quanco Associates LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 17890 Goodnough St.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.8592</b>
City Adams Center State NY Zip Code 13606	Purpose of Disbursement Campaign Office Rent 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 01 / 04 / 2012
Mailing Address 1750 Old Meadow Road Suite 300		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.8495</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. Sage Payment Solutions Division</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 1750 Old Meadow Road Suite 300		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.8527</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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2050.00
<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 56 OF 72	
	<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 03 / 02 / 2012
Mailing Address 1750 Old Meadow Road Suite 300		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.8575</b>
City McLean State VA Zip Code 22102	Purpose of Disbursement Merchant Fees 001 Category/Type	
Candidate Name <b>Doheny for Congress</b>		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.8504</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Sirk, Alicia</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 2017 State Route 22B		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.8504</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>		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.8521</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Sirk, Alicia</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 2017 State Route 22B		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.8521</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>		Amount of Each Disbursement this Period 6125.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6125.00
<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 57 OF 72		
	<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 M M / D D / Y Y Y Y 03 / 03 / 2012
Mailing Address 2017 State Route 22B		Amount of Each Disbursement this Period 3050.00 <b>Transaction ID : SB17.8584</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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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 Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3050.00
<b>TOTAL</b> This Period (last page this line number only).....	52561.55

# 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

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

### TERMS

Date Incurred

06

29

2009

Date Due

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)..... ▶

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: M 01 / D 15 / Y 2010  
 Date Due: M M / D D / Y 11/10/2010  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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)

**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  
100000.00 0.00 100000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
06 / 25 / 2010 M M / D D / 11/30/10 0.00 % (apr)  Yes  No

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

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

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Doheny for Congress** Transaction ID : **SC/10.6527**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2010  
**Matthew Doheny**  Primary  
 Mailing Address 65 High Street  General  
 Other (specify) ▼

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	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<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/10.6526**

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

11/30/10

0.00

% (apr)

Yes

No

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

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

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.6662**

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

**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
150000.00	0.00	150000.00

**TERMS**

Date Incurred: M 09 / D 07 / 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).....	▶ 150000.00
<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/10.6797**

**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 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 09 / D 13 / Y 2010	Date Due M / D / Y 11/30/10	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="40000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.6922**

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

**[PERSONAL FUNDS]**

Election: 2010

**Matthew Doheny**

Primary

General

Other (specify) ▼

Mailing Address  
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

Date Due

Interest Rate

Secured:

09

30

2010

11/30/10

0.00

% (apr)

Yes

No

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

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

**SUBTOTALS** This Period This Page (optional)..... 200000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

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

Transaction ID : **SC/10.7045**

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

**Matthew Doheny**

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
65 High Street

City State ZIP Code  
Alexandria Bay NY 13607

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

**TERMS**

Date Incurred: M 09 / D 30 / Y 2010  
Date Due: M / 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)..... ▶ 300000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.7415**

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

**Matthew Doheny**

**[PERSONAL FUNDS]**

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
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: M 10 / D 19 / 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).....	▶	225000.00
<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/10.7416**

**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 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.7417**

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)

**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
40000.00	0.00	40000.00

**TERMS**

Date Incurred: M 10 / D 21 / Y 2010  
 Date Due: M / 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: [ ]

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.7460**

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

**[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  
60000.00 0.00 60000.00

**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)..... ▶ 60000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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/10.7765**

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

**TERMS**

Date Incurred: M 10 / D 26 / Y 2010  
 Date Due: M / 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).....	150000.00
<b>TOTALS</b> 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.