

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Doheny for Congress

ADDRESS (number and street) 107 Court Street

Check if different than previously reported. (ACC) PO Box 257

Watertown NY 13601

2. **FEC IDENTIFICATION NUMBER** C00462853

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

NY 23

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 _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 08 26 2010 through 09 30 2010

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 Electronically Filed by Jeffrey Kirkby Date 01 06 2011

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

A. Form/Schedule : **F3A**

Transaction ID :

Doheny loan receipt date typed wrong - check received 9/13/10 NOT 9/9/10 - no 48 hour notice needed - verified on bank deposit. Ronald E. Jackson, Chairman of Essex County Republican Committee assures us that the funds contributed to our committee this reporting period are permissible funds accepted from Individuals and/or federally eligible sources via written memo. Gerald Esposito and Christopher Provost will be refunded \$23.00 as they over contributed. The refund checks will be reported on the next filing.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

3 / 75

Write or Type Committee Name

Doheny for Congress

Report Covering the Period:

From:

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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)).....	54082.00	909089.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	300800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	54082.00	608289.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	709147.56	1797083.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5191.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	709147.56	1791892.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	509539.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1690000.00	

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:

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	38455.00	881578.00
(i) Itemized (use Schedule A).....	2627.00	13312.00
(ii) Unitemized.....	41082.00	894890.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	1000.00
(b) Political Party Committees.....	13000.00	13199.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	54082.00	909089.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	690000.00	1690000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	690000.00	1690000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	5191.36
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	744082.00	2604280.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	709147.56	1797083.68
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	300800.00
(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	300800.00
21. OTHER DISBURSEMENTS.....	-3141.71	-3141.71
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	706005.85	2094741.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	471463.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	744082.00
25. SUBTOTAL (add Line 23 and Line 24).....	1215545.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	706005.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	509539.39

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Susan Agusti
Mailing Address 213 S Lee St
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Steptoe & Johnson Occupation Attorney
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.6905
Amount of Each Receipt this Period 250.00
General - 2010

B. Full Name (Last, First, Middle Initial)
Mr. Richard Cantwell
Mailing Address 178 Broad St
City Plattsburgh State NY Zip Code 12901
FEC ID number of contributing federal political committee. **C**
Name of Employer Cantwell Law Firm Occupation Lawyer
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 325.00
Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.6909
Amount of Each Receipt this Period 250.00
General - 2010

C. Full Name (Last, First, Middle Initial)
Mr. John Corcoran
Mailing Address 2046A Jefferson Street
City San Francisco State CA Zip Code 94123
FEC ID number of contributing federal political committee. **C**
Name of Employer Pricewaterhousecoopers Occupation Attorney
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 09 / 20 / 2010
Transaction ID: SA11AI.6852
Amount of Each Receipt this Period 1000.00
General - 2010

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Mr. James Ellis

Mailing Address 58 Broad St

City Tupper Lake State NY Zip Code 12986

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 230.00

Date of Receipt 09 / 01 / 2010
Transaction ID: SA11AI.6670
 Amount of Each Receipt this Period 230.00
 Contribution - Primary

B. Full Name (Last, First, Middle Initial)
Mr. Gerald M Esposito

Mailing Address 43 Bunker Lane

City Hicksville State NY Zip Code 11801

FEC ID number of contributing federal political committee. C

Name of Employer Sirius Radio Occupation Graphic Artist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4823.00

Date of Receipt 09 / 02 / 2010
Transaction ID: SA11AI.6679
 Amount of Each Receipt this Period 23.00
 Contribution - over contributed - refund processed 10/12/10

C. Full Name (Last, First, Middle Initial)
Essex County Republican Committee

Mailing Address P. O. Box 123

City Essex State NY Zip Code 12936

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2010
Transaction ID: SA11AI.7033
 Amount of Each Receipt this Period 1000.00
 Contribution of federally eligible funds.

SUBTOTAL of Receipts This Page (optional) 1253.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

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

Mailing Address P.O. Box 739

City Ogdensburg State NY Zip Code 13669

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Insurance

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.7029
 Amount of Each Receipt this Period 250.00
 Contribution - General

B. Full Name (Last, First, Middle Initial)
Mr. Don A Gladle

Mailing Address 24605 County Rte 159

City Watertown State NY Zip Code 13601

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.6910
 Amount of Each Receipt this Period 300.00
 General - 2010

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

Mailing Address 3804 Wentwood Drive

City Dallas State TX Zip Code 75225

FEC ID number of contributing federal political committee. C

Name of Employer Fulcrum Capital Occupation Finance

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 20 / 2010
Transaction ID: SA11AI.6851
 Amount of Each Receipt this Period 2400.00
 General 2010

SUBTOTAL of Receipts This Page (optional) 2950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Roger R Howard</p> <p>Mailing Address 15120 Heritage Drive</p> <p>City State Zip Code Clayton NY 13624</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Innovative Physical Therapy So</p> <p>Occupation Medicine</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: SA11AI.6907</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>General - 2010</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. David Jankowski</p> <p>Mailing Address 7 W Main St</p> <p>City State Zip Code Broadalbin NY 12025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Jankowski Agency, Inc</p> <p>Occupation Insurance Agent</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 09 / 22 / 2010</p> <p>Transaction ID: SA11AI.6867</p> <p>Amount of Each Receipt this Period 250.00</p> <p>General - 2010</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Eric Kaup</p> <p>Mailing Address 117 3rd Street</p> <p>City State Zip Code Wilmette IL 60091</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hilco Trading LLC</p> <p>Occupation Attorney</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3000.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.7006</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution - General</p>
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SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Robert E LaRock		Date of Receipt
	Mailing Address PO Box 187		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Morristown	NY	13664
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Retired		Occupation Retired	Transaction ID: SA11AI.6915
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/> 250.00	General - 2010

B.	Full Name (Last, First, Middle Initial) Mr. James Lee		Date of Receipt
	Mailing Address 20871 Ct Rt 63		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2010
	City	State	Zip Code
	Watertown	NY	13601
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Knowlton Technologies, LLC		Occupation Managing Partner	Transaction ID: SA11AI.6778
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	Contribution - Primary

C.	Full Name (Last, First, Middle Initial) Van Leeper		Date of Receipt
	Mailing Address 120 W 23rd St Apt 6D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	New York	NY	10011
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Miller Tabak Roberts Security		Occupation Sales	Transaction ID: SA11AI.6866
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 750.00
		<input type="text"/> 1250.00	General - 2010

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Hallie Maranchick
 Mailing Address 1413 E Abingdon Drive
 City State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PhRMA Lobbyist
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2010
Transaction ID: SA11AI.7007
 Amount of Each Receipt this Period
 500.00
 Contribution - General

B. Full Name (Last, First, Middle Initial)
Mr. Paul Maroun
 Mailing Address PO Box 971
 City State Zip Code
 Tupper Lake NY 12986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Betty Little Senator Government Admin
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 07 / 2010
Transaction ID: SA11AI.6692
 Amount of Each Receipt this Period
 230.00
 Contribution - Primary

C. Full Name (Last, First, Middle Initial)
Mrs. Karen Martin
 Mailing Address 421 Mendham Road
 City State Zip Code
 Bernardsville NJ 07924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Housewife Housewife
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 21 / 2010
Transaction ID: SA11AI.6877
 Amount of Each Receipt this Period
 2400.00
 Contribution - Primary

SUBTOTAL of Receipts This Page (optional) ► **3130.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Mrs. Karen Martin	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 421 Mendham Road	Transaction ID: SA11AI.6878
	City State Zip Code Bernardsville NJ 07924	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	General - 2010
	Name of Employer Occupation Housewife Housewife	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

B.	Full Name (Last, First, Middle Initial) Scott Martin	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 421 Mendham Road	Transaction ID: SA11AI.6647
	City State Zip Code Bernardsville NJ 07924	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Primary Contribution
	Name of Employer Occupation Deutsch Bank Financial Services	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) Scott Martin	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 421 Mendham Road	Transaction ID: SA11AI.6650
	City State Zip Code Bernardsville NJ 07924	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	General Contribution
	Name of Employer Occupation Deutsch Bank Financial Services	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Brian McBride

Mailing Address 14 Vista Drive

City State Zip Code
Plattsburgh NY 12901

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

Name of Employer Occupation
Bill McBride Chevrolet Su- General Manager
baru

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.6831

Amount of Each Receipt this Period
250.00

General Contribution - 20-10

B. Full Name (Last, First, Middle Initial)
Mr. Justin McCarthy

Mailing Address 8804 Wooden Bridge Rd

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Peck, Madigan, Jone & Ste- Government Relations
wart

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.7000

Amount of Each Receipt this Period
500.00

Contribution - General

C. Full Name (Last, First, Middle Initial)
Mr. Edward McNally

Mailing Address 2920 N. Commonwealth Ave

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: SA11AI.6695

Amount of Each Receipt this Period
800.00

Contribution - Primary

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Joseph Miller

Mailing Address 121 Church St
#113

City State Zip Code
White Plains NY 10601

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

Name of Employer Occupation
Knighthead Capital Finance

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.6674

Amount of Each Receipt this Period
249.00

Contribution - Primary

B. Full Name (Last, First, Middle Initial)
Mr. James Millerman

Mailing Address 85 East end Avenue
Apt # 3A

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Davis Polk Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.6855

Amount of Each Receipt this Period
250.00

General - 2010

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: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.6673

Amount of Each Receipt this Period
23.00

Contribution - over contributed - refund to be processed

SUBTOTAL of Receipts This Page (optional) ► **522.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Jason Reese

Mailing Address 16224 Shadow Mountain Drvie

City State Zip Code
Pacifice Palisades CA 90272

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

Name of Employer Occupation
Imperial Capital, LLC Investment Banker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2010

Transaction ID: SA11AI.6651

Amount of Each Receipt this Period
1000.00

Primary Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Steve Renehan

Mailing Address 50 Whittredge Road

City State Zip Code
Summit NJ 07901

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

Name of Employer Occupation
Solus Investment Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.6873

Amount of Each Receipt this Period
1000.00

General - 2010

C. Full Name (Last, First, Middle Initial)
Ms. Kristin N Renzi

Mailing Address 417 Bugbee Drive

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.7031

Amount of Each Receipt this Period
500.00

Contribution - General

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms Cindy Rodriguez</p> <p>Mailing Address 19 Aspetuck Glen</p> <p>City State Zip Code Weston CT 06883</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Teh Caedmon School Director of Development</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.7004</p> <p>Amount of Each Receipt this Period 1500.00</p> <p>Contribution - General</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Megan Schatz</p> <p>Mailing Address 344 West 72nd Street Apt.9I</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Morgan Stanley Research Analyst</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2010</p> <p>Transaction ID: SA11AI.6995</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>Contribution - General</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Mr. Michael Schwartz</p> <p>Mailing Address 24 Upland Drive</p> <p>City State Zip Code Chappaqua NY 10514</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Taconic Capital Advisors LP Finance</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: SA11AI.6871</p> <p>Amount of Each Receipt this Period 500.00</p> <p>General - 2010</p>
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SUBTOTAL of Receipts This Page (optional)	4400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 75
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

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

Mailing Address 82 Irving Place

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.6862

Amount of Each Receipt this Period
1250.00

General - 2010

B. Full Name (Last, First, Middle Initial)
Mr. Lloyd Sprung

Mailing Address 36 Mooreland Rd

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Miller Buckfire & Co. LLC Investment Banker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2010

Transaction ID: SA11AI.6881

Amount of Each Receipt this Period
1000.00

General - 2010

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

Mailing Address 201 N. 30th Street

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Eckert Seamans Cherin & Mellot Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2010

Transaction ID: SA11AI.6780

Amount of Each Receipt this Period
250.00

Contribution - Primary

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Robert R. Sturtz</p> <p>Mailing Address 204 Ten Eyck Street</p> <p>City State Zip Code <u>Watertown</u> NY 13601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2010</p> <p>Transaction ID: SA11AI.6784</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution - Primary</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Mr. Donald F Textor</p> <p>Mailing Address 381 Lattingtown Road</p> <p>City State Zip Code <u>Locust Valley</u> NY 11560</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dorset Management Corporation Occupation Finance</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.6918</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>General - 2010</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Ronald Thomson</p> <p>Mailing Address 47268 Cooper Lane</p> <p>City State Zip Code <u>Alexandria Bay</u> NY 13607</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Uncle Sam Boat Tours Occupation Owner</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.6996</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution - General</p>
--	---

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
Ms Mary Ughetta

Mailing Address 261 Llyds Lane

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.6895

Amount of Each Receipt this Period
250.00

General - 2010

B. Full Name (Last, First, Middle Initial)
Mr. Christopher Wagner

Mailing Address 26 West 88th St
Apt B

City State Zip Code
New York City NY 10024

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

Name of Employer Occupation
RBS Institutional Sales

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.6864

Amount of Each Receipt this Period
250.00

General - 2010

C. Full Name (Last, First, Middle Initial)
Mr. Marcus Walldroff

Mailing Address 32836 Carter St

City State Zip Code
LaFargeville NY 13656

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

Name of Employer Occupation
Walldroff Equipment Sales

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.6684

Amount of Each Receipt this Period
300.00

Contribution - Primary

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Anthony A Yoseloff</p> <p>Mailing Address 15 Central Park West Apt.34D</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Davidson Newhard Kempner Money Manager Cap.</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.6914</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>General - 2010</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Nanar N Yoseloff</p> <p>Mailing Address 15 Central Park West Apt 34D</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.6917</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>General - 2010</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Craig Zando</p> <p>Mailing Address 10 Summit Rd</p> <p>City State Zip Code Verona NJ 07044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Deutsche Bank Finance</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2010</p> <p>Transaction ID: SA11AI.6686</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution - Primary</p>
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SUBTOTAL of Receipts This Page (optional)	5300.00
TOTAL This Period (last page this line number only)	38455.00

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

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

FOR LINE NUMBER: PAGE 21 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

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

Mailing Address 2052 Lake Audubon Court
Suite 300

City Reston State VA Zip Code 20191

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11C.7027
 Amount of Each Receipt this Period 1000.00
 Contribution - General

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC

Mailing Address 110 W Louisiana Avenue
Suite 312

City Midland State TX Zip Code 79701

FEC ID number of contributing federal political committee. **C** C00409458

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11C.7252
 Amount of Each Receipt this Period 1000.00
 Contribution - General

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

Mailing Address 631-B Pennsylvania Ave., SE
Basement UNIT

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11C.7250
 Amount of Each Receipt this Period 5000.00
 Contribution - General

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
JOHN S FUND

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025

FEC ID number of contributing federal political committee. **C** C00390831

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11C.7256

Amount of Each Receipt this Period
1000.00

Contribution - General

B. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS

Mailing Address 1201 F STREET NW

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C30001317

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11C.7260

Amount of Each Receipt this Period
5000.00

Contribution - General

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

TOTAL This Period (last page this line number only) ► **13000.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doheny for Congress

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

Mailing Address 303 Paddock Street

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	1	0

Transaction ID: SA13A.6662

Amount of Each Receipt this Period
150000.00

Loan to Campaign

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

Mailing Address 303 Paddock Street

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1190000.00

Date of Receipt

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

Transaction ID: SA13A.6797

Amount of Each Receipt this Period
40000.00

Loan to Campaign

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

Mailing Address 303 Paddock Street

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1390000.00

Date of Receipt

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

Transaction ID: SA13A.6922

Amount of Each Receipt this Period
200000.00

Loan to Campaign

SUBTOTAL of Receipts This Page (optional) ► **390000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 75
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

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

Mailing Address 303 Paddock Street

City State Zip Code
Watertown NY 13601

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1690000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA13A.7045

Amount of Each Receipt this Period
300000.00

Loan to Campaign

SUBTOTAL of Receipts This Page (optional)	▶	300000.00
TOTAL This Period (last page this line number only)	▶	690000.00

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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial)
200 Washington Street Associates, LLC

Mailing Address 106 Washington St

City State Zip Code
Watertown NY 13601

Purpose of Disbursement
Office Rent

001
Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District: 23

Transaction ID: SB17.6974
Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Alphasites Networking Systems Inc.

Mailing Address 12902 Fraternal Rd

City State Zip Code
Herndon VA 20171

Purpose of Disbursement
Web hosting

004
Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District: 23

Transaction ID: SB17.6979
Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

1834.00

C. Full Name (Last, First, Middle Initial)
Authorize.net Gateway billing

Mailing Address 808 East Utah Valley Drive

City State Zip Code
American Fork UT 84003

Purpose of Disbursement
AMEX Merchant fees

001
Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District: 23

Transaction ID: SB17.6709
Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

4.49

SUBTOTAL of Disbursements This Page (optional) ▶

2338.49

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial) Authorize.net Gateway billing <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement AMEX - Merchant fees Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6711 Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2010
	Amount of Each Disbursement this Period 57.95
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Authorize.net Gateway billing <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement AMEX - Merchant fees Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6676 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 7.35
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Authorize.net Gateway billing <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement AMEX - Merchant fees Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6682 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 0.81
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	66.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Merchant fees Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6748 Date of Disbursement 09 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 20.75
B.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Merchant Fees Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6750 Date of Disbursement 09 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 7.95
C.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement AMEX - Merchant fees Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6691 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 4.34

SUBTOTAL of Disbursements This Page (optional) ▶

33.04

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing	Transaction ID: SB17.6708 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX - Merchant fees	<input type="text" value="139.02"/>
	Candidate Name Doheny for Congress	<input type="text" value="001"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing	Transaction ID: SB17.6749 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="73.65"/>
	Candidate Name Doheny for Congress	<input type="text" value="001"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing	Transaction ID: SB17.6781 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX Merchant fees	<input type="text" value="1.60"/>
	Candidate Name Doheny for Congress	<input type="text" value="001"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="214.27"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing	Transaction ID: SB17.6857 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX merchant fees Candidate Name Doheny for Congress	<input type="text" value="7.38"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing	Transaction ID: SB17.6861 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX merchant fees Candidate Name Doheny for Congress	<input type="text" value="0.44"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing	Transaction ID: SB17.6876 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX merchant fees Candidate Name Doheny for Congress	<input type="text" value="74.45"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="001"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="82.27"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Authorize.net Gateway billing Mailing Address 808 East Utah Valley Drive City American Fork State UT Zip Code 84003 Purpose of Disbursement AMEX merchant fees Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6882 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 29.05
B.	Full Name (Last, First, Middle Initial) Bamoski, Roger Mailing Address 1173 County Highway 107 City Fort Johnson State NY Zip Code 12070 Purpose of Disbursement Fulton Co Office Rent Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6958 Date of Disbursement 09 / 09 / 2010	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Bamoski, Roger Mailing Address 1173 County Highway 107 City Fort Johnson State NY Zip Code 12070 Purpose of Disbursement Fulton Co office rent Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7044 Date of Disbursement 09 / 29 / 2010	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1029.05
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 75

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Beardsley, Fred Mailing Address 10 Canterbury Way City Central Square State NY Zip Code 13036 Purpose of Disbursement Reimbursement for travel expenses Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6970 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 517.69 Category/Type 002
B.	Full Name (Last, First, Middle Initial) Behling, Anthony Mailing Address 18163 Spook Hill Road City Adams State NY Zip Code 13605-2107 Purpose of Disbursement Payroll for 8/27/10 Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6768 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 634.45 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group Mailing Address 1100 G Street, Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Fundraising Strategy Services Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7041 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 1021.05 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

2173.19

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BQE, Inc.</p> <p>Mailing Address 99 Pine Street Suite 104</p> <p>City Albany State NY Zip Code 12207</p> <p>Purpose of Disbursement Field Director</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p>	<p>Transaction ID: SB17.6976</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>001 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brennan Group Consulting LLC.</p> <p>Mailing Address 7705 Sally Road</p> <p>City Waterville State NY Zip Code 13480</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p>	<p>Transaction ID: SB17.6762</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 416.80</p> <p>002 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brennan Group Consulting LLC.</p> <p>Mailing Address 7705 Sally Road</p> <p>City Waterville State NY Zip Code 13480</p> <p>Purpose of Disbursement Field Director</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p>	<p>Transaction ID: SB17.6763</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8416.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

Full Name (Last, First, Middle Initial)
Brennan Group Consulting LLC.

Transaction ID: SB17.6971

Date of Disbursement

Mailing Address 7705 Sally Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	0

City State Zip Code
Waterville NY 13480

Amount of Each Disbursement this Period

1028.58

Purpose of Disbursement
Reimburse Travel

002

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Cary R. Brick

Transaction ID: SB17.6819

Date of Disbursement

Mailing Address P. O. Box 3

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

City State Zip Code
Clayton NY 13624

Amount of Each Disbursement this Period

3150.00

Purpose of Disbursement
Senior Communications Advisor

004

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Committee to Reelect Senator Ron Stafford

Transaction ID: SB17.6954

Date of Disbursement

Mailing Address P.O. Box 2947

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

City State Zip Code
Plattsburgh NY 12901

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund Contribution

010

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4678.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 75

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Coughlin Printing Group Mailing Address 144 Main Avenue City Watertown State NY Zip Code 13601 Purpose of Disbursement Printing Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6765 Date of Disbursement 09 / 01 / 2010 Amount of Each Disbursement this Period 4989.82 Category/Type: 006
B.	Full Name (Last, First, Middle Initial) Coughlin Printing Group Mailing Address 144 Main Avenue City Watertown State NY Zip Code 13601 Purpose of Disbursement Postage for mailings Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6814 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 210.60 Category/Type: 001
C.	Full Name (Last, First, Middle Initial) Delia, Giuseppe O. Mailing Address P.O. Box 87 City West Winfield State NY Zip Code 13491 Purpose of Disbursement Canastota Office Rent Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6959 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 400.00 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

5600.42

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Erie Insurance</p> <p>Mailing Address 100 Erie Insurance Place</p> <p>City Erie State PA Zip Code 16530</p> <p>Purpose of Disbursement Insurance Ultraflex & W/C</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6758</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 229.00</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Erie Insurance</p> <p>Mailing Address 100 Erie Insurance Place</p> <p>City Erie State PA Zip Code 16530</p> <p>Purpose of Disbursement Insurance Workers Comp & Ultraflex</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6964</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 230.00</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Exxon Mobil</p> <p>Mailing Address 21623 St Rt 232</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6729</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 49.73</p> <p>002 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

508.73

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Anthony Foti</p> <p>Mailing Address 181 Bellew Ave</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Campaign Chairman</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6803</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 9500.00</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Anthony Foti</p> <p>Mailing Address 181 Bellew Ave</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6960</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Anthony Foti</p> <p>Mailing Address 181 Bellew Ave</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7042</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 569.40</p> <p>Category/Type 002</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10119.40

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

Full Name (Last, First, Middle Initial)
Greener & Hook

Transaction ID: SB17.6718
Date of Disbursement

Mailing Address 2101 Wilson Blvd, Ste 402

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

City State Zip Code
Arlington VA 22201

Amount of Each Disbursement this Period

112000.00

Purpose of Disbursement
Public Relations & Media Services

004

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 23

B.

Full Name (Last, First, Middle Initial)
Greener & Hook

Transaction ID: SB17.6734
Date of Disbursement

Mailing Address 2101 Wilson Blvd, Ste 402

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

City State Zip Code
Arlington VA 22201

Amount of Each Disbursement this Period

99461.00

Purpose of Disbursement
Public Relations & Media Services

004

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 23

C.

Full Name (Last, First, Middle Initial)
Greener & Hook

Transaction ID: SB17.6821
Date of Disbursement

Mailing Address 2101 Wilson Blvd, Ste 402

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

City State Zip Code
Arlington VA 22201

Amount of Each Disbursement this Period

19345.00

Purpose of Disbursement
Public Relations & Media Services

004

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 23

SUBTOTAL of Disbursements This Page (optional)

230806.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 39 / 75

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Greener & Hook</p> <p>Mailing Address 2101 Wilson Blvd, Ste 402</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Public Relations & Media Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6810</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 196520.05</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Greener & Hook</p> <p>Mailing Address 2101 Wilson Blvd, Ste 402</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Public Relations & Media Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6930</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 124400.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) HSBC Bank - Watertown</p> <p>Mailing Address 120 Washington St.</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Wire fee</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6714</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

320950.05

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) HSBC Bank - Watertown <hr/> Mailing Address 120 Washington St. <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Wire fee Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6721 Date of Disbursement 08 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 15.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) HSBC Bank - Watertown <hr/> Mailing Address 120 Washington St. <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Wire Fee Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6732 Date of Disbursement 09 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 15.00 <hr/> Category/Type 001
C.	Full Name (Last, First, Middle Initial) HSBC Bank - Watertown <hr/> Mailing Address 120 Washington St. <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Bankcard Merchant fees Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6728 Date of Disbursement 09 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 30.00 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

60.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) HSBC Bank - Watertown <hr/> Mailing Address 120 Washington St. <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Domestic Transfer funds Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6747 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 15.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) HSBC Bank - Watertown <hr/> Mailing Address 120 Washington St. <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Wire fee Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6739 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 15.00 <hr/> Category/Type 001
C.	Full Name (Last, First, Middle Initial) HSBC Bank - Watertown <hr/> Mailing Address 120 Washington St. <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Wire Fee Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6806 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 15.00 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial) HSBC Bank - Watertown Mailing Address 120 Washington St. City Watertown State NY Zip Code 13601 Purpose of Disbursement Wire fee Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6798 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 15.00
	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HSBC Bank - Watertown Mailing Address 120 Washington St. City Watertown State NY Zip Code 13601 Purpose of Disbursement Wire fee Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6933 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 15.00
	Category/Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Italian American Club Mailing Address 192 Bellew Avenue City Watertown State NY Zip Code 13601 Purpose of Disbursement Event Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6961 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 2299.76
	Category/Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2329.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Italian American Club <hr/> Mailing Address 192 Bellew Avenue <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Advertisement Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6981 Date of Disbursement 09 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) Jefferson County Republican Committee <hr/> Mailing Address 200 Washington St. Ste 208 <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Voter Outreach Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6820 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) Jefferson County Republican Committee <hr/> Mailing Address 200 Washington St. Ste 208 <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Event Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6973 Date of Disbursement 09 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 234.00

SUBTOTAL of Disbursements This Page (optional) ▶

834.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 75

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial) Jesmore & Associates CPA <hr/> Mailing Address P. O. Box 211 <hr/> City State Zip Code Watertown NY 13601 <hr/> Purpose of Disbursement Accounting Services Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6994 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2010
	Amount of Each Disbursement this Period 195.14
	Category/ Type 001
B. Full Name (Last, First, Middle Initial) Jennifer Kelly <hr/> Mailing Address P. O. Box 84 <hr/> City State Zip Code Morristown NY 13664 <hr/> Purpose of Disbursement Payroll for 8/27/10 Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6769 Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
	Amount of Each Disbursement this Period 957.01
	Category/ Type 001
C. Full Name (Last, First, Middle Initial) Jennifer Kelly <hr/> Mailing Address P. O. Box 84 <hr/> City State Zip Code Morristown NY 13664 <hr/> Purpose of Disbursement Paryroll for 9/10/10 Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6825 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 957.01
	Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

2109.16

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jennifer Kelly</p> <p>Mailing Address P. O. Box 84</p> <p>City Morristown State NY Zip Code 13664</p> <p>Purpose of Disbursement Payroll 9/24/10</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6988</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 957.01</p> <p>Category/Type 001</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Marketing Technologies</p> <p>Mailing Address 2495 Main Street Suite 454</p> <p>City Buffalo State NY Zip Code 14214-2154</p> <p>Purpose of Disbursement Mailing Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6717</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 21193.85</p> <p>Category/Type 003</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Marketing Technologies</p> <p>Mailing Address 2495 Main Street Suite 454</p> <p>City Buffalo State NY Zip Code 14214-2154</p> <p>Purpose of Disbursement Mailing Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6726</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 16785.89</p> <p>Category/Type 003</p>

SUBTOTAL of Disbursements This Page (optional) ▶

38936.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Marketing Technologies</p> <p>Mailing Address 2495 Main Street Suite 454</p> <p>City Buffalo State NY Zip Code 14214-2154</p> <p>Purpose of Disbursement Mailing Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6731</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 16492.27</p> <p>Category/Type 003</p>
<p>B. Full Name (Last, First, Middle Initial) Marketing Technologies</p> <p>Mailing Address 2495 Main Street Suite 454</p> <p>City Buffalo State NY Zip Code 14214-2154</p> <p>Purpose of Disbursement Mailing Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6740</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 16785.89</p> <p>Category/Type 003</p>
<p>C. Full Name (Last, First, Middle Initial) National Grid</p> <p>Mailing Address 300 Erie Blvd</p> <p>City Syracuse State NY Zip Code 13202-4250</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6966</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5.35</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

33283.51

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) New York State Income Tax Mailing Address State Processing Center P. O. Box 15555 City Albany State NY Zip Code 12212 Purpose of Disbursement Payroll Taxes Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6773 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">412.62</td> </tr> </table> 001 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0	412.62
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	7		2	0	1	0														
412.62																							
B.	Full Name (Last, First, Middle Initial) New York State Income Tax Mailing Address State Processing Center P. O. Box 15555 City Albany State NY Zip Code 12212 Purpose of Disbursement Payroll Taxes Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6829 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">395.10</td> </tr> </table> 001 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	1	0	395.10
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	0		2	0	1	0														
395.10																							
C.	Full Name (Last, First, Middle Initial) New York State Income Tax Mailing Address State Processing Center P. O. Box 15555 City Albany State NY Zip Code 12212 Purpose of Disbursement Payroll Taxes Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6992 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">395.10</td> </tr> </table> 001 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0	395.10
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	4		2	0	1	0														
395.10																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">1202.82</td> </tr> </table>	1202.82
1202.82		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) NewzJunky	Transaction ID: SB17.6982
	Mailing Address Arsenal St.	Date of Disbursement 09 / 23 / 2010
	City Watertown State NY Zip Code 13601	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Advertising Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	004 Category/ Type

B.	Full Name (Last, First, Middle Initial) Northern Copy Products	Transaction ID: SB17.6847
	Mailing Address 307 S. Hamilton Street	Date of Disbursement 09 / 16 / 2010
	City Watertown State NY Zip Code 13601	Amount of Each Disbursement this Period 188.56
	Purpose of Disbursement Copier Rental Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Northern Copy Products	Transaction ID: SB17.6848
	Mailing Address 307 S. Hamilton Street	Date of Disbursement 09 / 16 / 2010
	City Watertown State NY Zip Code 13601	Amount of Each Disbursement this Period 188.56
	Purpose of Disbursement Copier Rental Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	2377.12
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Oneida Daily Dispatch</p> <p>Mailing Address 130 Broad St</p> <p>City Oneida State NY Zip Code 13421</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6719</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 626.70</p> <p>Category/Type 004</p>
<p>B. Full Name (Last, First, Middle Initial) Patton Boggs LLP Attorneys at Law</p> <p>Mailing Address 2550 M Street, NW</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6757</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1506.04</p> <p>Category/Type 001</p>
<p>C. Full Name (Last, First, Middle Initial) Allison Power</p> <p>Mailing Address 3 Monroe Parkway</p> <p>City Massena State NY Zip Code 13662</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6753</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1334.00</p> <p>Category/Type 002</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3466.74

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Allison Power</p> <p>Mailing Address 3 Monroe Parkway</p> <p>City Massena State NY Zip Code 13662</p> <p>Purpose of Disbursement Communications Director</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6764</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) Allison Power</p> <p>Mailing Address 3 Monroe Parkway</p> <p>City Massena State NY Zip Code 13662</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6823</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 508.00</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Allison Power</p> <p>Mailing Address 3 Monroe Parkway</p> <p>City Massena State NY Zip Code 13662</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6972</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 119.60</p> <p>Category/Type 002</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2627.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Allison Power</p> <p>Mailing Address 3 Monroe Parkway</p> <p>City Massena State NY Zip Code 13662</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6985</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 260.00</p> <p>Category/Type 002</p>
<p>B. Full Name (Last, First, Middle Initial) Price Chopper</p> <p>Mailing Address 1283 Arsenal St</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6838</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>Category/Type 001</p>
<p>C. Full Name (Last, First, Middle Initial) Ramada Inn</p> <p>Mailing Address 21000 NYS Rte 3</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Event</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6931</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 402.94</p> <p>Category/Type 007</p>

SUBTOTAL of Disbursements This Page (optional) ▶

672.94

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Rent A Wreck</p> <p>Mailing Address 19070 US Route11</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6745</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 466.70</p> <p>Category/Type 002</p>
<p>B. Full Name (Last, First, Middle Initial) Rent A Wreck</p> <p>Mailing Address 19070 US Route11</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6837</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 392.00</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Ms Julia C Robbins</p> <p>Mailing Address 14471 County Route 145</p> <p>City Sackets Harbor State NY Zip Code 13685</p> <p>Purpose of Disbursement Payroll for 8/27/10</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6770</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1613.40</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2472.10

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

Full Name (Last, First, Middle Initial)
Ms Julia C Robbins

Transaction ID: SB17.6754
Date of Disbursement

Mailing Address 14471 County Route 145

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	0

City Sackets Harbor State NY Zip Code 13685

Amount of Each Disbursement this Period

414.35

Purpose of Disbursement
Reimburse Travel

002

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Ms Julia C Robbins

Transaction ID: SB17.6826
Date of Disbursement

Mailing Address 14471 County Route 145

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

City Sackets Harbor State NY Zip Code 13685

Amount of Each Disbursement this Period

1613.40

Purpose of Disbursement
Payroll for 9/10/10

001

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Ms Julia C Robbins

Transaction ID: SB17.6822
Date of Disbursement

Mailing Address 14471 County Route 145

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

City Sackets Harbor State NY Zip Code 13685

Amount of Each Disbursement this Period

502.33

Purpose of Disbursement
Reimburse Travel

002

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2530.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms Julia C Robbins</p> <p>Mailing Address 14471 County Route 145</p> <p>City Sackets Harbor State NY Zip Code 13685</p> <p>Purpose of Disbursement Reimbursement Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6983</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 189.00</p> <p>Category/Type 002</p>
<p>B. Full Name (Last, First, Middle Initial) Ms Julia C Robbins</p> <p>Mailing Address 14471 County Route 145</p> <p>City Sackets Harbor State NY Zip Code 13685</p> <p>Purpose of Disbursement Payroll 9/24/10</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6989</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1613.40</p> <p>Category/Type 001</p>
<p>C. Full Name (Last, First, Middle Initial) Romalato's Deli</p> <p>Mailing Address 450 Gaffney Drive</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Volunteer Meal</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6950</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 137.80</p> <p>Category/Type 003</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1940.20

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Sage Payment Solutions Division Mailing Address 1750 Old Meadow Road Suite 300 City McLean State VA Zip Code 22102 Purpose of Disbursement Merchant Fees Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6727 Date of Disbursement 09 / 02 / 2010 Amount of Each Disbursement this Period 25.00 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Savidge, Karleen Mailing Address 181 Bellew Avenue City Watertown State NY Zip Code 13601 Purpose of Disbursement Administrative Services Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6760 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 715.00 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Savidge, Karleen Mailing Address 181 Bellew Avenue City Watertown State NY Zip Code 13601 Purpose of Disbursement Administrative Services Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6845 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 480.50 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

1220.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Seaway Sales Co Mailing Address 135 Fairbanks Street City Watertown State NY Zip Code 13601-2816 Purpose of Disbursement Supplies Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6842 Date of Disbursement 09 / 14 / 2010 Amount of Each Disbursement this Period 77.42 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Sirk, Alicia Mailing Address 2017 State Route 22B City Morrisonville State NY Zip Code 12962 Purpose of Disbursement Reimburse travel expense Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6957 Date of Disbursement 09 / 20 / 2010 Amount of Each Disbursement this Period 1207.53 Category/Type 002
C.	Full Name (Last, First, Middle Initial) Bob Stahl Mailing Address 163 Bishop Rd City Hinesburg State VT Zip Code 05461 Purpose of Disbursement Port Henry Office Rent Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6816 Date of Disbursement 09 / 02 / 2010 Amount of Each Disbursement this Period 250.00 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

1534.95

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial) Bob Stahl <hr/> Mailing Address 163 Bishop Rd <hr/> City Hinesburg State VT Zip Code 05461 <hr/> Purpose of Disbursement Plattsburgh Office Rent Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6980 Date of Disbursement 09 / 17 / 2010
	Amount of Each Disbursement this Period 750.00
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 1283 Arsenal Street <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Supplies Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6800 Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 44.16
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Stewarts Shops <hr/> Mailing Address Rt 3 Main Street <hr/> City Harrisville State NY Zip Code 13648 <hr/> Purpose of Disbursement Travel expense Candidate Name Doheny for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6940 Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 49.90
	Category/ Type 002
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

844.06

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

Full Name (Last, First, Middle Initial)
Stewarts Shops

Transaction ID: SB17.6948
Date of Disbursement

Mailing Address Rt 3 Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City Harrisville State NY Zip Code 13648

Amount of Each Disbursement this Period

11.20

Purpose of Disbursement
Travel expense

002

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
St Lawrence GOP Committee

Transaction ID: SB17.7037
Date of Disbursement

Mailing Address P.O. Box 775

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

City Canton State NY Zip Code 13617

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Advertising

004

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
The Amsterdam Recorder

Transaction ID: SB17.6725
Date of Disbursement

Mailing Address 1 Venner Road

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	0

City Amsterdam State NY Zip Code 12010

Amount of Each Disbursement this Period

622.50

Purpose of Disbursement
Advertising

004

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1033.70

TOTAL This Period (last page this line number only)

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**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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address P. O. Box 2086</p> <p>City Binghamton State NY Zip Code 13902</p> <p>Purpose of Disbursement Cable, Phone & Internet Services</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6756</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 351.58</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address Internal Revenue Service</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6775</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2336.69</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address Internal Revenue Service</p> <p>City Cincinnati State OH Zip Code 45999</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6830</p> <p>Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2130.23</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4818.50

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 60 / 75

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A. Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address Internal Revenue Service <hr/> City Cincinnati State OH Zip Code 45999 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6993 Date of Disbursement 09 / 24 / 2010
	Amount of Each Disbursement this Period 2130.23
	Category/Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UPS Store <hr/> Mailing Address 107 Court Street <hr/> City Watertown State NY Zip Code 13601 <hr/> Purpose of Disbursement Postage Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6963 Date of Disbursement 09 / 16 / 2010
	Amount of Each Disbursement this Period 225.10
	Category/Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) US Post Office <hr/> Mailing Address 45 Hudson Avenue <hr/> City Albany State NY Zip Code 12207 <hr/> Purpose of Disbursement PO Box Rent Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6834 Date of Disbursement 09 / 17 / 2010
	Amount of Each Disbursement this Period 168.00
	Category/Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2523.33

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Valley News</p> <p>Mailing Address 67 S 2nd St</p> <p>City Fulton State NY Zip Code 13069</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6715</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 268.80</p> <p>Category/Type 004</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Nick Vaughn</p> <p>Mailing Address 629 Patterson Street</p> <p>City Ogdensburg State NY Zip Code 13669</p> <p>Purpose of Disbursement Reimburse Travel</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7040</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 70.17</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address 20823 State Route 3</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6722</p> <p>Date of Disbursement 08 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 115.21</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

454.18

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

Full Name (Last, First, Middle Initial)
Walmart

Transaction ID: SB17.6923
Date of Disbursement

Mailing Address 20823 State Route 3

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

City State Zip Code
Watertown NY 13601

Amount of Each Disbursement this Period

81.76

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Walmart

Transaction ID: SB17.6936
Date of Disbursement

Mailing Address 20823 State Route 3

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

City State Zip Code
Watertown NY 13601

Amount of Each Disbursement this Period

15.72

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Walmart

Transaction ID: SB17.6946
Date of Disbursement

Mailing Address 20823 State Route 3

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City State Zip Code
Watertown NY 13601

Amount of Each Disbursement this Period

100.62

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

198.10

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.	Full Name (Last, First, Middle Initial) Walmart Mailing Address 20823 State Route 3 City State Zip Code Watertown NY 13601 Purpose of Disbursement Office Supplies Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6947 Date of Disbursement 09 / 28 / 2010 Amount of Each Disbursement this Period 71.23 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Frank Marshall Weir Mailing Address 736 Ball Ave. City State Zip Code Watertown NY 13601 Purpose of Disbursement Payroll 8/27/10 Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6771 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 1124.77 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Frank Marshall Weir Mailing Address 736 Ball Ave. City State Zip Code Watertown NY 13601 Purpose of Disbursement Reimburse Travel Candidate Name Doheny for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6755 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 212.00 Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶

1408.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

Full Name (Last, First, Middle Initial)
Frank Marshall Weir

Transaction ID: SB17.6827
Date of Disbursement

Mailing Address 736 Ball Ave.

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

City State Zip Code
Watertown NY 13601

Amount of Each Disbursement this Period

1124.77

Purpose of Disbursement
Payroll 9/10/10

001
Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 23

B.

Full Name (Last, First, Middle Initial)
Frank Marshall Weir

Transaction ID: SB17.6984
Date of Disbursement

Mailing Address 736 Ball Ave.

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

City State Zip Code
Watertown NY 13601

Amount of Each Disbursement this Period

124.50

Purpose of Disbursement
Reimburse Travel

002
Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 23

C.

Full Name (Last, First, Middle Initial)
Frank Marshall Weir

Transaction ID: SB17.6990
Date of Disbursement

Mailing Address 736 Ball Ave.

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

City State Zip Code
Watertown NY 13601

Amount of Each Disbursement this Period

1124.77

Purpose of Disbursement
Payroll 9/24/10

001
Category/
Type

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 23

SUBTOTAL of Disbursements This Page (optional)

2374.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Graham Wise</p> <p>Mailing Address 776 S. Massey Street</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Payroll 8/27/10</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6772</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2655.80</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Graham Wise</p> <p>Mailing Address 776 S. Massey Street</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Payroll 9/10/10</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6828</p> <p>Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2655.80</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Graham Wise</p> <p>Mailing Address 776 S. Massey Street</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement Payroll 9/24/10</p> <p>Candidate Name Doheny for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6991</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2655.80</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	7967.40
TOTAL This Period (last page this line number only)	707121.01

**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 66 / 75

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

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NAME OF COMMITTEE (In Full)
Doheny for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Anthony Foti

Mailing Address 181 Bellew Ave

City State Zip Code
Watertown NY 13601

Purpose of Disbursement
Void ck # 4964 - payroll check replaced

Candidate Name
Doheny for Congress

Office Sought: House
 Senate
 President

State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB21.6824

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

-3141.71

SUBTOTAL of Disbursements This Page (optional)

-3141.71

TOTAL This Period (last page this line number only)

-3141.71

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 303 Paddock Street	
City Watertown State NY ZIP Code 13601	

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

TERMS

Date Incurred MM DD YY 06 29 2009	Date Due 11/30/2010	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------	---------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="50000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" 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)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Doheny for Congress

Transaction ID: SC/10.5070

LOAN SOURCE Full Name (Last, First, Middle Initial)
Matthew Doheny - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 303 Paddock Street

City Watertown State NY ZIP Code 13601

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

TERMS

Date Incurred: M M 0 1 D D 1 5 Y Y Y Y 2 0 1 0 Date Due: 11/10/2010 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 69 / 75
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 303 Paddock Street	
City Watertown State NY ZIP Code 13601	
Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 100000.00	

TERMS

Date Incurred M M 06 D D 25 Y Y Y Y 2010	Date Due 11/30/10	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	---------------------------------	---

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Doheny for Congress

Transaction ID: SC/10.6527

LOAN SOURCE Full Name (Last, First, Middle Initial)
Matthew Doheny - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 303 Paddock Street

City Watertown State NY ZIP Code 13601

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

TERMS

Date Incurred: MM DD YY YY 08 15 2010
 Date Due: 11/30/10
 Interest Rate: 0.0000 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="100000.00"/>
TOTALS 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)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Doheny for Congress

Transaction ID: SC/10.6526

LOAN SOURCE Full Name (Last, First, Middle Initial)
Matthew Doheny - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 303 Paddock Street

City Watertown State NY ZIP Code 13601

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

TERMS

Date Incurred: MM DD YY YY 08 24 20 10 Date Due: 11/30/10 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:
 Primary
 General
 Other (specify) ▼

Mailing Address 303 Paddock Street

City Watertown State NY ZIP Code 13601

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

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="150000.00"/>
TOTALS 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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Doheny for Congress

Transaction ID: SC/10.6797

LOAN SOURCE Full Name (Last, First, Middle Initial)
Matthew Doheny - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 303 Paddock Street

City Watertown State NY ZIP Code 13601

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

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="40000.00"/>
TOTALS 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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Doheny for Congress

Transaction ID: SC/10.6922

LOAN SOURCE Full Name (Last, First, Middle Initial)
Matthew Doheny - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 303 Paddock Street

City Watertown State NY ZIP Code 13601

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

TERMS

Date Incurred: Date Due: 11/30/10 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="200000.00"/>
TOTALS 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)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 303 Paddock Street

City Watertown State NY ZIP Code 13601

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

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="300000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="1690000.00"/>

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