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FEC FORM 1

Office

Use

Only

Alberta Majoria

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2016 FEB -2 AM 6: 53

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
CLAUDIA TEN	_i N _i E _i Y		
ADDRESS (number and street)	2.8 R.O.B.I.N	SONROAD	P ₁ O ₁ B ₁ O ₂ X ₁ 128
·	[C, L, I,N,T,Q,N, ,		$[N_iY]$ $[1_i3_i3_i2_i3]$ $[1_i3_i3_i2_i3]$ $[1_i3_i3_i2_i3]$
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	INFO@CLA	A,U,DI,A,F,QRC(O _I N _I GRESS, CO _I M , , ,
	Optional Second E-Mail A	_	CECONSIII TINGVACOM
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COMMITTEE'S WEB PAGE A	DDRESS (LIBL)	 Section 1. Section 1. Section 2. A. Section 2. Section 3. Section 3. 	er og skalender. Blader og kommende blader og blader og blader.
(Check if address is changed)	W W W . , C, L, A	UDIAFORCO	NGRESS. COM.
ाङ changed)	[<u>54 45 15 47 5 [9] = [5 4</u>	<u> </u>	
·			
2. DATE 0 1 '	19 2016		
3. FEC IDENTIFICATION I	NUMBER ▶ CO	0 5 6 1 1 8 3	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the bea	st of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasur	rer WILLIAM LOC	KE	
Signature of Treasurer	Mind.	fich	Date Date ZUIE
NOTE: Submission of false, erro		in may subject the person signin	ig this Statement to the penalties of 52 U.S.C. §30108

For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

F	EC For	m 1 (Revised 02/2009)	Page 2			
	-	DMMITTEE				
	_	Committee:				
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.))			
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.)				
Name of Candidate		[C,L,A,U,D,IA,T,E,N,N,E,Y, , , , , , , , , , , , , , , , , ,	<u> </u>			
Cand Party	idate Affiliatio	on REP Office Sought: House Senate President	State N District 2			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	mittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Pa			
Poli	Political Action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization			
		Corporation Corporation w/o Capital Stock	Labor Organizatio			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or pa			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				

	_		
_	FEC Form 1 (Revised	02/2009)	Page 3
٧	Vrite or Type Committee Nam	e	
_			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
ì			
 	· · · · · · · · · · · · · · · · · · ·		<u> </u>
			
	Mailing Address		
			<u>. </u>
		CITY STATE	ZIP CODE
	-		
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lo	eadership PAC Sponsor
7.	books and records.	ntify by name, address (phone number optional) and position of the person in po	essession of committee
	64 🗆 1	ODIETOUNSON	,
	Full Name VI L L	ODIEJOHNSON	<u> </u>
	Mailing Address	28RQBINSONROAD	
		CLINTON NY 133	3,2,3 -
	Title or Position	CITY STATE	ZIP CODE
	IASSISTANT.	T ₁ R ₁ E ₁ A ₁ S ₁ U ₁ R ₁ E ₁ R ₁	3,531-[4,9,7,9]
		reiephone number	
8.	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
	Full Name of Treasurer WLL	<u>L, I,A, M, L, O,C, K, E,</u>	
	Mailing Address	28ROBINSON ROAD	
		CILINTON I I I I I I I I I I I I I I I I I I I	323
	Title or Position	•	7,2,4 - 4,1,8,6

	•		
FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of			
Designated Agent L			
Mailing Address			
		ا لیا لینہ	
•	CITY	STATE	ZIP CODE
Title or Position	1	1	
		Telephone number]-[]
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository		ich the committee deposits funds	s, holds accounts, rents
NBT	BANK,		
Mailing Address	1,K,I,R,K,LAN,D,AV,E,,,		لحسيديي
	$[C, L, I, N, T, O, N, \dots]$	NY C	1, 3, 3, 2 3] - [, , , ,]
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
		•	
لينا			
Mailing Address			
		ا ليا لييا	
	CITY	STATE	ZIP CODE



PO Box 128 • Clinton, NY 13323 www.claudiatenney.com

Federal Election Commission 999 E. Strut, N.W.

Washington, D.C. 20418

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Overnight Delivery Service (Specify):	Shipping Date
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
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(3/2015)	DATE PREPARED