Image# 202111239468905174

**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Claudia Tenney for Congress PO Box 244 ADDRESS (number and street) (Check if address is changed) Clinton 13323 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.claudiaforcongress.com (Check if address is changed) DATE 25 2021 C00632828 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hobbs, Cabell, , , Type or Print Name of Treasurer Hobbs, Cabell, , , [Electronically Filed] 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>	
		OMMITTEE		
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b) Name	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)    Tenney, Claudia, , ,	olete the candida	ate
Candi	idate			
Candi Party	idate Affiliatio	on REP Office Sought: House Senate President	State District	NY 22
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candi				
Part	y Com	nmittee:	Damaanatia	
(d)			Democratic, Republican, etc.)	) Party.
Polit	ical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected organizat	tion is a:
		Corporation Corporation w/o Capital Stock	Labor Organiza	ation
		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 secommittee. (i.e., nonconnected committee)	gregated fund o	r party
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint	Fund	raising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more politic	al
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more politica	al
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.			-

FEC Form 1 (Revised 02	2/2000)	Page <b>3</b>
Write or Type Committee Name	2/2009)	raye <b>3</b>
Claudia Tenney	for Congress	
		DAC Spancar
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sportsor
Tenney for NY-22	<u> </u>	
Mailing Address	PO BOX 30844	
Mailing Address		
	BETHESDA MD 20824	
	CITY STATE ZIP	CODE
		OODE
Relationship: Connected	Organization X Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	ify by name, address (phone number optional) and position of the person in posses	sion of committee
Hobbs, Cab	pell, , ,	
Full Name	Po Box 244	
Mailing Address		
	Clinton , NY , 13323	
	Clinton NY 13323	
Title or Position	CITY STATE ZIP	CODE
<sub>I</sub> Treasurer		1.1
	Telephone number	
8. <b>Treasurer:</b> List the name and	address (phone number optional) of the treasurer of the committee; and the name	and address of
any designated agent (e.g., as	ssistant treasurer).	
Full Name Hobbs, Cab of Treasurer	ell, , ,	
Mailing Address	Po Box 244	
-		
	Clinton	-
	CITY STATE ZIP	CODE
Title or Position Treasurer	Telephone number	

	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY	TE ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I	Depository, etc.	
Name of Bank, I	BB&T  2200 Wilson Blvd  Suite 100	/A   22201   1
	BB&T  2200 Wilson Blvd  Suite 100  Arlington	
Mailing Address	BB&T  2200 Wilson Blvd  Suite 100  Arlington  CITY  STA	
	BB&T  2200 Wilson Blvd  Suite 100  Arlington  CITY  STA	
Mailing Address	BB&T  2200 Wilson Blvd  Suite 100  Arlington  CITY  STA  Depository, etc.	
Mailing Address  Name of Bank, I	BB&T  2200 Wilson Blvd  Suite 100  Arlington  CITY  STA  Depository, etc.  EAGLEBANK  7815 WOODMONT AVE	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

g) or (h). <b>Joint Fundraisi</b> i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra HOUSE 2022	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name L L L L L L L L L L L L L L L L L L L	CITY A		
Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tel  pries: List all banks or other depositories in which the aintains funds.	STATE ▲ ephone Number	ZIP CODE 🛦
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY ▲  CITY ▲  Tel  pries: List all banks or other depositories in which the aintains funds.	STATE ▲ ephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr UYNE VICTORY FUND	aising Representativ	e, or Leadership PAC Spon
Mailing Address	PO BOX 341027		
	AUSTIN	TX	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	Leadership PAC S
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
IRON LADIES PA	I Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 341027		
	AUSTIN	TX	78734
Relationship:		STATE ▲	ZIP CODE ▲
Connecte	CITY A  ed Organization Affiliated Committee   y  Join  fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
Connected Agent: Identification Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte  Designated Agent: Identif	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connected Agent: Identification Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connected Agent: Identification Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connected Agent: Identification Full Name	Affiliated Committee Joint Joi		ative Leadership PAC Spo
Connected  Designated Agent: Identification  Full Name  Mailing Address	Affiliated Committee Joint Joi	int Fundraising Represent	
Connected  Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Y Joint of the price o	state  Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee  Y Joint of the price o	state  Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundrais</b> i	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spon
CLAUDIA TENN	EY FOR CONGRESS VICTORY FUN	<b>1D</b>	
Mailing Address	PO BOX 244		
	CLINTON	NY	13323
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
Connecto	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
Connecto		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification of the second of the secon	fy by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identification of the connection of the connectio	fy by name, address (phone number – optional)  CITY   CITY   To  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the connection of the connectio	fy by name, address (phone number – optional)  CITY   CITY   To  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	fy by name, address (phone number – optional)  CITY   CITY   To  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the composition of the property of the composition of	fy by name, address (phone number – optional)  CITY   CITY   To  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the second of the secon	fy by name, address (phone number – optional)  CITY   CITY   To  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the composition	fy by name, address (phone number – optional)  CITY   CITY   To  ories: List all banks or other depositories in which	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundra	uising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE A ephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Teles: List all banks or other depositories in which tentains funds.	ephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY   CITY   Teles: List all banks or other depositories in which tentains funds.	ephone Number	s funds, holds accounts, rents
<ol> <li>8.</li> <li>9.</li> </ol>	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Teles: List all banks or other depositories in which tentains funds.	ephone Number	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

I	ng Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TAKE BACK NE	W YORK		
Mailing Address	1390 CHAIN BRIDGE RD STE 515		
	MCLEAN	VA VA	22101
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connects	ed Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
	fy by name, address (phone number – optional)		Leadership FAC S
esignated Agent: Identi			Leadership FAC S
esignated Agent: Identi			Leadership FAC S
esignated Agent: Identi			Leadership FAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mainly and the second seco	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite after deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite after deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A