

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. 12FE4M5
Tenney For Congress Committe

ADDRESS (number and street) P.O. Box 1059
(Check if address is changed) Heber AZ 85928
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
committee@lewistenney.com
committee@tenneyforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.lewistenney.com
www.tenneyforcongress.com

2. DATE 01 14 2002

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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.

Type or Print Name of Treasurer Norris A. Baldwin
Signature of Treasurer *Norris A. Baldwin* Date 01 17 2002

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.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Lewis Noble Tenney

Candidate Party Affiliation REP Office Sought: House Senate Presidential State AZ District 1

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

7. Custodian of Records Identify by name, address, telephone number -- optional, and position of the person in possession of committee books and records.

Full Name Sylvia Allen
 Mailing Address P.O. Box 28
Heber AZ 85928
 CITY STATE ZIP CODE
 Title or Position Deputy Campaign Manager Telephone number 928 535 3301

8. Treasurer: 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., assistant treasurer).

Full Name of Treasurer Norris A. Baldwin
 Mailing Address 308-D White Mountain Road
P.O. Box 2500
Show Low AZ 85901
 CITY STATE ZIP CODE
 Title or Position Treasurer Telephone number 928 537 7484

Full Name of Designated Agent Nancy Kehret
 Mailing Address 308-D White Mountain Road
Show Low AZ 85901
 CITY STATE ZIP CODE
 Title or Position Assistant Treasurer Telephone number 928 537 0526

9. **BANKS OR OTHER DEPOSITORIES:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc:

Frontier State Bank

Mailing Address

P.O. Box 490

Overgaard

AZ

85926

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JM12</i> PREPARER	1-25-02 DATE PREPARED