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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tenney NY Victory Fund 228 S. Washington St. ADDRESS (number and street) Ste. 115 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2018 C00682070 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 07 2018 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 Only Local 202-694-1100

F	FEC <b>Fo</b> ı	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
Can	didate	te Committee:				
(a)	Ш	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. (Cominformation below.)	plete the candidate			
Name Cand						
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name Cand						
Part	ty Com	nmittee:				
(d)			(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.	·			
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party			
,		committee. (i.e., nonconnected committee)				
		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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(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 political			
	Com	mittees Participating in Joint Fundraiser				
	1.	CLAUDIA TENNEY FOR CONGRESS	632828			
	2.	NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE	055582			
	3.	TENACIOUS PAC	35367			
	4.					

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Write or Type Committee Name		
Tenney NY Vict	ory Fund	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the pe	erson in possession of committee
Lisker, Lisa Full Name	<b>1</b> , , ,	
	228 S. Washington St.	
Mailing Address	Ste. 115	
	Alexandria	,22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	703 - 549 - 7705
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name Lisker, Lisa of Treasurer	,,, 	
Mailing Address	228 S. Washington St.	
	Ste. 115	
	Alexandria	22314
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	03

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Full Name of Designated		, , , , , , , . <b>.</b>
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
Mailing Address	BB&T  1909 K St., NW  Washington  DC   20006	
	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
	CITY STATE	ZIP CODE
	CITY STATE	ZIP CODE