**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 378 ADDRESS (number and street) (Check if address is changed) Victor 14564 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@complianceconsultingva.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.claudiaforcongress.com (Check if address is changed) DATE 2024 C00632828 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Hobbs, Cabell, , Date 01 03 2024 Signature of Treasurer Hobbs, Cabell, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

EC	Form 1 (Revised 03/2022) Page 2	
. 1	YPE OF COMMITTEE:	
(	andidate Committee:	
(	) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate Tenney, Claudia, , ,	
	Party Affiliation REP Sought: X House Senate President	NY 24
(		2-1
	Name of Candidate	l
	arty Committee:  (National, State (Democratic, Republican, etc.) Party	
F	olitical Action Committee (PAC):	
(	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.	
(	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated 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.)	
(	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
-	pint Fundraising Representative:	
(	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Committees Participating in Joint Fundraiser	
	1	

l	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	rite or Type Committee Name	for Consumo	
	Claudia Tenney	·	
6.	•	ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	TENNEY VAN DUYN	E VICTORY FUND	
	Mailing Address	PO BOX 341027	1   1   1   1   1   1   1
		I	
		AUSTIN	78734
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	e Leadership PAC Spons
	riciationship.	John Fundaming Representative	Leadership The opens
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in	possession of committee
	Hobbs, Cab	pell, , ,	
	Full Name		
	Mailing Address	Po Box 378	
		Victor	14564
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ar ssistant treasurer).	nd the name and address of
	Full Name Hobbs, Cal	pell, , ,	
	of Treasurer		
	Mailing Address	Po Box 378	
		Victor	14564
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC <b>Form 1</b> (Re	vised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in whor maintains funds.	ich the committee deposits fu	nds, holds accounts, rents
Name of Bank, Depos	sitory, etc.		
EA	AGLEBANK		
Mailing Address	7815 WOODMONT AVE		
	BETHESDA	MD	20814
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depos	sitory, etc.		
Tr	uist		
Mailing Address	1445 New York Avenue NY 4th Floor		
	Washington	DC	20005
	CITY ▲	STATE ▲	ZIP CODE ▲

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

	^
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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 341027		
	AUSTIN	TX L	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		loint Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X		ative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee X		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X		
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X		
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite tafety deposit boxes or markets.	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or ma	Affiliated Committee  Affiliated Committee  Ty by name, address (phone number – optional prices: List all banks or other depositories in whaintains funds.  Bridge Bank	STATE A Telephone Number	ZIP CODE A

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

Dogo	of 9	
Page	of <sup>9</sup>	

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected TAKE BACK NEW Y	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
TARE BACK NEW 1			
Mailing Address	1390 CHAIN BRIDGE RD STE 515		
	MCLEAN	, , , ,   VA	22101
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee X J  fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		Ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	CITY A  pries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	CITY A  pries: List all banks or other depositories in white aintains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent

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

Page \_\_\_ **of** 9\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 183		
Relationship:	HUDSON CITY A	WI STATE ▲	54016 ZIP CODE ▲
riolationionip.	OII I	SIAIL	ZIF GODE A
	Affiliated Committee X Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Spanish
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A elephone Number  the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A elephone Number  the committee deposit	ZIP CODE   ZIP CODE   ss funds, holds accounts, rents

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

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Ship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC  Gent: Identify by name, address (phone number – optional)		ng Participant:		
FEC ID number  C FEC ID number  C FEC ID number  C C Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot TENNEY FOR CONGRESS VICTORY FUND  Address  PO BOX 378  VICTOR  VICTOR  STATE A  ZIP CODE A  Gent: Identify by name, address (phone number – optional)  A POSITION   CITY A  STATE A  ZIP CODE A  ZIP CODE A  ZIP CODE A  ZIP CODE A	1.		FEC ID number	С
Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot TENNEY FOR CONGRESS VICTORY FUND  Address  PO BOX 378  VICTOR  VICTOR  Ship:  CITY ▲  STATE ▲  ZIP CODE ▲  R POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲  ZIP CODE ▲	2.		FEC ID number	C
Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot TENNEY FOR CONGRESS VICTORY FUND  Address  PO BOX 378  VICTOR Ship: Connected Organization Affiliated Committee  Joint Fundraising Representative Leadership PAC  gent: Identify by name, address (phone number – optional)	3.		FEC ID number	С
TENNEY FOR CONGRESS VICTORY FUND  Address  PO BOX 378  VICTOR  Ship:  CITY A STATE A ZIP CODE A  Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC  gent: Identify by name, address (phone number – optional)	4.		FEC ID number	С
Address  PO BOX 378  VICTOR  STATE   ZIP CODE   Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership PAC  gent: Identify by name, address (phone number – optional)	lame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
VICTOR  Ship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC  Gent: Identify by name, address (phone number – optional)	CLAUDIA TENNEY	FOR CONGRESS VICTORY FUND		
VICTOR  Ship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC  Gent: Identify by name, address (phone number – optional)				
STATE A ZIP CODE A  Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC  gent: Identify by name, address (phone number – optional)  Iddress ZIP CODE A  R POSITION V STATE A ZIP CODE A	Mailing Address	PO BOX 378		
STATE A ZIP CODE A  Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC  gent: Identify by name, address (phone number – optional)  Iddress ZIP CODE A  R POSITION V STATE A ZIP CODE A				
Connected Organization  Affiliated Committee		VICTOR	NY	14564
gent: Identify by name, address (phone number – optional)  Idress  CITY ▲ STATE ▲ ZIP CODE ▲	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
R POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲				
R POSITION ▼	Pesignated Agent: Ident			
R POSITION ▼	esignated Agent: Ident			
R POSITION ▼	Pesignated Agent: Ident			
	Pesignated Agent: Ident	fy by name, address (phone number – optional)		
Telephone Number	Pesignated Agent: Ident	fy by name, address (phone number – optional)		ZIP CODE A
box	Pesignated Agen	t: Identi	t: Identify by name, address (phone number – optional)	
	Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	es funds, holds accounts, rent
Address	Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or not be boxes or not be boxes. The control of th	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	es funds, holds accounts, rents
Address	Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents
Address	Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or not be boxes or not be boxes. The control of th	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents

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

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5(g) or (h). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
GROW THE MAJORIT	Y INY		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. <b>Designated Agent:</b> Identify b	by name, address (phone number – optional)		
Full Name			
Mailing Address			
	<u> </u>		
TITLE OR POSITION ▼	OITV +		ZIP CODE ▲
	CITY A	STATE ▲	ZIP CODE A
	,	STATE ▲ phone Number	
safety deposit boxes or main	Tele	phone Number	
9. Banks or Other Depositorie safety deposit boxes or main  Name of Bank, Depository, etc.	Tele es: List all banks or other depositories in which the tains funds.	phone Number	s funds, holds accounts, rents
safety deposit boxes or main	Tele es: List all banks or other depositories in which the tains funds.	phone Numbere committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.	Tele es: List all banks or other depositories in which the tains funds.	phone Numbere committee deposit	s funds, holds accounts, rents