

**FEC
FORM 3P****REPORT OF RECEIPTS
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

Ray Seney For President

ADDRESS (number and street)

47 Gardner Hill Rd.

Check if different
than previously
reported. (ACC)

East Nassau

CITY

NY

STATE

12062

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00693697

3. TYPE OF REPORT (Choose One)Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:



April 15 (Q1)



October 15 (Q3)



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)



July 15 (Q2)



January 31 Year-End Report (YE)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)



12-Day Pre-Election Report for the Election on

M M / D D / Y Y Y Y Y Y

in the State of



30-Day Post-Election Report for the General Election on

M M / D D / Y Y Y Y Y Y

4. IS THIS REPORT AN AMENDMENT?

yes



no

5. COVERING PERIODM M / D D / Y Y Y Y Y Y
10 / 01 / 2025

THROUGH

M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Seney, Raymond, J, ,

Signature of Treasurer

Seney, Raymond, J, ,

Date

M M / D D / Y Y Y Y Y Y
01 / 04 / 2026NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.
All previous versions of this form are obsolete and should no longer be used.Office
Use
Only

Write or Type Committee Name

Ray Seney For President

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 2025

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	214.75
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	0.00
8. SUBTOTAL (Lines 6 and 7)	214.75
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	0.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	214.75
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	1800.00
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)	0.00

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	0.00
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	105.45

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3P (Rev. 05/2016)

NAME OF COMMITTEE (in Full)

Ray Seney For President

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2025

To:

M M / D D / Y Y Y Y
12 / 31 / 2025

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	0.00
(ii) unitemized	0.00	0.00
(iii) Total contributions	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0.00	0.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	0.00	0.00

DETAILED SUMMARY PAGE
 of Disbursements and Contributed Items

FEC Form 3P (Rev. 05/2016)

NAME OF COMMITTEE (in Full)
 Ray Seney For President

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 2025

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES.....	0.00	105.45
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	0.00	105.45

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	

FEC Form 3P (Rev. 05/2016)
Federal Election Commission
1050 First Street, N.E.
Washington, D.C.

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

C00693697

Ray Seney For President

ADDRESS (number and street)

47 Gardner Hill Rd.

East Nassau

CITY

NY

STATE

12062

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

SCHEDULE C-P
LOANSUse separate schedule(s) for each category
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☒ 19a ☐ 19b
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4135

Ray Seney For President

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Seney, Raymond, J, ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

47 Gardner Hill Rd.

City

East Nassau

State

NY

Zip Code

12062

☒ Personal Funds of the Candidate

Original Amount of Loan

1800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1800.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 26 / 2019

Date Due

M M / D D / Y Y Y Y
None

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:
Tfg

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

1800.00

Total This Period (last page this line number only).....▶

1800.00

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.