

Image# 202211179546805845

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TENNEY, CLAUDIA, , ,		2. Candidate's FEC Identification Number H4NY22051
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO BOX 244		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code CLINTON VA 13323		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NY 24

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) CLAUDIA TENNEY FOR CONGRESS		
(b) Address (number and street) PO BOX 244		
(c) City, State, and ZIP Code CLINTON NY 13323		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) TENNEY FOR CONGRESS		
(b) Address (number and street) 8469 Seneca Tpke Ste. 105		
(c) City, State, and ZIP Code New Hartford NY 13413		

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

Signature of Candidate Tenny, Claudia, , , <i>[Electronically Filed]</i>	Date 11/17/2022
------------------------------------------------------------------------------------	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

CLAUDIA TENNEY FOR CONGRESS VICTORY FUND

(b) Address (number and street)

PO BOX 244

(c) City, State, and ZIP Code

CLINTON

NY

13323

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

IRON LADIES PAC

(b) Address (number and street)

PO BOX 341027

(c) City, State, and ZIP Code

AUSTIN

TX

78734

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

TENNEY VAN DUYNE VICTORY FUND

(b) Address (number and street)

PO BOX 341027

(c) City, State, and ZIP Code

AUSTIN

TX

78734

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2022 PHASE 1 PATRIOT DAY JFC

(b) Address (number and street)

228 S. WASHINGTON STREET

SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

TAKE BACK NEW YORK

(b) Address (number and street)

1390 CHAIN BRIDGE RD STE 515

(c) City, State, and ZIP Code

MCLEAN

VA

22101

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FRONTLINE NEW YORK

(b) Address (number and street)

PO BOX 183

(c) City, State, and ZIP Code

HUDSON

WI

54016

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code