

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Claudia Tenney for Congress			
ADDRESS (number and street) PO Box 378			
CITY Victor	STATE NY	ZIP CODE 14564	
2. NAME OF CANDIDATE Tenney, Claudia, , ,		3. OFFICE SOUGHT (State and District) House NY 24	
		4. FEC IDENTIFICATION NUMBER C00632828	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)		Name of Employer	Date (month, day, year)
MAILING ADDRESS 2200 LAKE BOULEVARD NE		Transaction ID : TX260649	06/19/2026
CITY ATLANTA	STATE GA	ZIP CODE 30319-5310	Amount 1500.00
		Occupation	
B. FULL NAME AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)		Name of Employer	Date (month, day, year)
MAILING ADDRESS 2200 LAKE BOULEVARD NE		Transaction ID : TX260650	06/19/2026
CITY ATLANTA	STATE GA	ZIP CODE 30319-5310	Amount 1000.00
		Occupation	
C. FULL NAME AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)		Name of Employer	Date (month, day, year)
MAILING ADDRESS 1800 M ST NW STE 300S		Transaction ID : TX260651	06/19/2026
CITY WASHINGTON	STATE DC	ZIP CODE 20036-5830	Amount 2500.00
		Occupation	
D. FULL NAME AVANGRID POLITICAL ACTION COMMITTEE		Name of Employer	Date (month, day, year)
MAILING ADDRESS 607 14TH STREET, NW SUITE 540		Transaction ID : TX260652	06/19/2026
CITY WASHINGTON	STATE DC	ZIP CODE 20005-2096	Amount 1500.00
		Occupation	
E. FULL NAME EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC		Name of Employer	Date (month, day, year)
MAILING ADDRESS 2980 FAIRVIEW PARK DRIVE		Transaction ID : TX260653	06/19/2026
CITY FALLS CHURCH	STATE VA	ZIP CODE 22042-	Amount 5000.00
		Occupation	
SIGNATURE (optional) Hobbs, Cabell, , ,		DATE 06/19/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN HOSPITAL ASSOCIATION PAC 800 10TH ST NW TWO CITYCENTER, SUITE 400 WASHINGTON DC 20001-5189		Name of Employer Date (month, day, year) 06/19/2026 Amount 1000.00 Transaction ID : TX260654 Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE ZURICH HOLDING COMPANY OF AMERICA, INC. COMMITTEE FOR GOOD G 1201 F STREET NW, SUITE 950 WASHINGTON DC 20004-1254		Name of Employer Date (month, day, year) 06/19/2026 Amount 2000.00 Transaction ID : TX260655 Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT 1650 DIAGONAL ROAD ALEXANDRIA VA 22314-2857		Name of Employer Date (month, day, year) 06/19/2026 Amount 2500.00 Transaction ID : TX260656 Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE ROCHE DIAGNOSTICS CORPORATION PAC (ROCHE DXPAC) 9115 HAGUE RD INDIANAPOLIS IN 46256-1025		Name of Employer Date (month, day, year) 06/19/2026 Amount 2000.00 Transaction ID : TX260657 Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC 3601 VINCENNES RD P.O. BOX 68700 INDIANAPOLIS IN 46268-1154		Name of Employer Date (month, day, year) 06/19/2026 Amount 2500.00 Transaction ID : TX260658 Occupation	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE FOLEY & LARDNER POLITICAL FUND, INC. 3000 K STREET NW SUITE 600 WASHINGTON DC 20007-5111		Name of Employer Date (month, day, year) 06/19/2026 Amount 1500.00 Transaction ID : TX260659 Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount Occupation	