

Image# 202307129582504098

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|--|--|
| 1. (a) Name of Candidate (in full) Stefanik, Elise, M., , | | |
| (b) Address (number and street) PO Box 500 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Glens Falls NY 12801 | | 2. Candidate's FEC Identification Number H4NY21079 |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought House |
| | | 6. State & District of Candidate NY 21 |
| | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |

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) Elise for Congress | | |
| (b) Address (number and street) PO Box 500 | | |
| (c) City, State, and ZIP Code Glens Falls NY 12801 | | |

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) ELISE VICTORY FUND | | |
| (b) Address (number and street) PO BOX 500 | | |
| (c) City, State, and ZIP Code GLENS FALLS NY 12801 | | |

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 Stefanik, Elise, , , <i>[Electronically Filed]</i> | Date 07/12/2023 |
|---|--------------------|

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

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
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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)

UPSTATE NEW YORK FIGHTERS

(b) Address (number and street)

P.O. BOX 500

(c) City, State, and ZIP Code

GLENS FALLS

NY

12801

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)

TEAM ELISE

(b) Address (number and street)

PO BOX 500

(c) City, State, and ZIP Code

GLENS FALLS

NY

12801

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)

HOUSE GOP BATTLEGROUND FUND

(b) Address (number and street)

PO BOX 500

(c) City, State, and ZIP Code

GLENS FALLS

NY

12801

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