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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)			<u> </u>							
	Stefanik, Elise, M., , (b) Address (number and street)	₭ Check if address changed			2. Candidate's FEC Identification Number						
	PO Box 500	-23 0	nicok ii adare	oo onangea		H4NY21079	Tulloadon Namber				
	(c) City, State, and ZIP Code						ew Amende	ed .			
	Glens Falls		N)	/ 1280		Statement (N	I) OR (A)				
4.	Party Affiliation	5. Office Soug	jht		6. State & Distr	rict of Candidate 21					
	REPUBLICAN PARTY	House			INT	21		_			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) election(s).										
	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					
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES					
		(Including Joir	nt Fundraisir	g Representative	es)					
8.	I hereby authorize the following nan candidacy.	ned committee,	which is NO	T my princip	al campaign com	nmittee, to receive and ex	pend funds on behalf of my				
	NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)										
	Winning Women 20	16									
	(b) Address (number and street) 228 S. Washington St										
	Ste. 115										
	(c) City, State, and ZIP Code										
	Alexandria				VA	22314					
_	I certify that I have exa	mined this Sta	tement and to	the hest of	mv knowledae a	nd belief it is true, correct	and complete	_			
C :	gnature of Candidate		and to	2001 01	,c.moago a	Date		<u> </u>			
	obbs, Cabell, , ,										
11	0003, Cuocii, , ,			[Elec	tronically Filed]	10/05/2016					
N	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
								_			
							_				

FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 2 / 3
DESIGNATION	ON OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	ch is NOT my principal campaign committee, to receive and expend funds on t	pehalf of my
NOTE:This designation should be filed with the	ne principal campaign committee.	
(a) Name of Committee (in full)		
NY Congressional Victory F	Fund	
(b) Address (number and street) 228 S. Washington Street Suite 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314	
DESIGNATI	ION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	ich is NOT my principal campaign committee, to receive and expend funds on	behalf of my
NOTE:This designation should be filed with the	he principal campaign committee.	
(a) Name of Committee (in full)		
Stefanik Victory Fund		
(b) Address (number and street) PO BOX 9891		
(c) City, State and ZIP Code		
ARLINGTON	VA 22219	
DESIGNATI	ION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	ich is NOT my principal campaign committee, to receive and expend funds on	behalf of my
NOTE:This designation should be filed with the	he principal campaign committee.	
(a) Name of Committee (in full)		
Millennial GOP Victory Com	nmittee	
(b) Address (number and street) 824 S Milledge Ave Ste 101		
(c) City, State and ZIP Code		
Athens	GA 30605	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)				Page 3 / 3
DESIG	GNATION OF OTHE (Including Joint I	R AUTHORIZED (Fundraising Represent		[ADDITIONAL]
I hereby authorize the following named commit candidacy.	ttee, which is NOT my princip	oal campaign committee, to	o receive and expend funds	on behalf of my
NOTE:This designation should be filed	d with the principal campa	aign committee.		
(a) Name of Committee (in full)				
Winning Women Victo	ry Committee			
(b) Address (number and street) 228 S. Washington Street Suite 115				
(c) City, State and ZIP Code				_
Alexandria		VA	22314	
DESIG	GNATION OF OTHE (Including Joint	R AUTHORIZED Fundraising Represent		[ADDITIONAL]
I hereby authorize the following named commit candidacy.	ttee, which is NOT my princip	oal campaign committee, t	o receive and expend funds	s on behalf of my
NOTE:This designation should be file	ed with the principal campa	aign committee.		
(a) Name of Committee (in full)				
RISE PROJECT				
(b) Address (number and street) PO BOX 2485				
(c) City, State and ZIP Code				
SPRINGFIELD		VA	22152	
DESIG	GNATION OF OTHE (Including Joint	R AUTHORIZED (Fundraising Represent		[ADDITIONAL]
I hereby authorize the following named commit candidacy.	ttee, which is NOT my princip	oal campaign committee, t	o receive and expend funds	s on behalf of my
NOTE:This designation should be file	ed with the principal campa	aign committee.		
(a) Name of Committee (in full)				
Friends of Winning Wo	omen			
(b) Address (number and street) 228 S. Washington Street				
Suite 115				
(c) City, State and ZIP Code		\/A	22214	
Alexandria		VA	22314	